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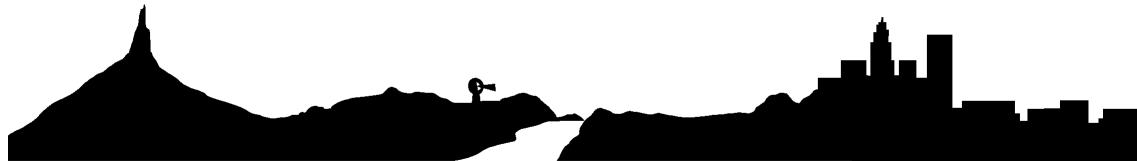
Health Care Services Review: - Request for Review

ASCX12N 278 (004010X094A1): 278 Health Care Services Review - Request for Review

- Response to Request for Review

ASCX12N 278 (004010X094A1): 278 Health Care Services Review - Response to Request for Review

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

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Nebraska Medicaid Companion Guide Version: 1.03

Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

Introduction:

This Companion Guide contains the format and establishes the data contents of the Health Care Services Review – Request for Review (278A) and Response (278B) transaction sets for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to verify an individual's eligibility, coverage or benefits associated with Nebraska Medicaid. The transaction set is intended to be used to provide information to request authorizations and to respond to those requests.

This paired Companion Guide governs electronic request for authorization (278A) and electronic response to those requests (278B).

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

1. Required Segments – No directive.
2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive – "Required by NE Medicaid when applicable as specified in the Implementation Guide".
3. Situational segments always required by NE Medicaid will be accompanied by the following directive – "Required by NE Medicaid".
4. Situational segments required by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive – "Required by NE Medicaid when {specific instance}".

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

1. When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value to use.
2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used and when they are allowed will be included.
3. When a specific qualifier is not allowed by NE Medicaid, a Nebraska Medicaid Directive indicating not allowed will be included.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 997 will be used to convey the rejection and associated reason.

Data Submission Criteria

Nebraska Medicaid uses the following separators:

*	(asterisk) for element separator	ASCII 042
^	(carrot) for sub-element separator	ASCII 094
~	(tilde) for Segment terminator	ASCII 126
	(vertical bar) for repeat character	ASCII 124

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at <http://www.hhs.state.ne.us/med/medindex.htm>

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357, option 1, or 471-9461 (Lincoln Area) or via e-mail at medicaid.edi@hhs.state.ne.us.

Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

Changes in Version 1.03:

- Page 3 – Revision: Introduction – Data Submission Criteria has been changed to add a separator of “~ (tilde) for Segment terminator ASCII 126” and to remove “Carriage Return for Segment terminator ASCII 013.”

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Health Care Services Review - Request for Review

Functional Group=HI

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

Each request should be for one episode of care. If multiple service types are sent that do not relate to the same service of care, the request will be rejected with a AAA '33' input error.

All requests will be received in once a day after 8:00 P.M. All requests sent in after time will not be received in until the next night.

Not Defined:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	ISA	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

Heading:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
010	ST	Transaction Set Header	1		Required
020	BHT	Beginning of Hierarchical Transaction	1		Required

Detail:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
LOOP ID - 2000A				1	
010	HL	Utilization Management Organization (UMO) Level	1		Required
LOOP ID - 2010A				1	
170	NM1	Utilization Management Organization (UMO) Name	1		Required
LOOP ID - 2000B				1	
010	HL	Requester Level	1		Required
LOOP ID - 2010B				1	
170	NM1	Requester Name	1		Required
180	REF	Requester Supplemental Identification	8		Required
200	N3	Requester Address	1		Used
210	N4	Requester City/State/ZIP Code	1		Used
220	PER	Requester Contact Information	1		Used
240	PRV	Requester Provider Information	1		Used
LOOP ID - 2000C				1	
010	HL	Subscriber Level	1		Required
020	TRN	Patient Event Tracking Number	2		Used
070	DTP	Accident Date	1		Used
070	DTP	Last Menstrual Period Date	1		Used
070	DTP	Estimated Date of Birth	1		Used
070	DTP	Onset of Current Symptoms or Illness Date	1		Used
080	HI	Subscriber Diagnosis	1		Used
155	PWK	Additional Patient Information	10		Used

LOOP ID - 2010CA			1	
170	NM1	Subscriber Name	1	Required
180	REF	Subscriber Supplemental Identification	9	Used
250	DMG	Subscriber Demographic Information	1	Used
LOOP ID - 2000D			1	
010	HL	Dependent Level	1	Not Used
020	TRN	Patient Event Tracking Number	2	Not Used
070	DTP	Accident Date	1	Not Used
070	DTP	Last Menstrual Period Date	1	Not Used
070	DTP	Estimated Date of Birth	1	Not Used
070	DTP	Onset of Current Symptoms or Illness Date	1	Not Used
080	HI	Dependent Diagnosis	1	Not Used
155	PWK	Additional Patient Information	10	Not Used
LOOP ID - 2010DA			1	
170	NM1	Dependent Name	1	Not Used
180	REF	Dependent Supplemental Identification	3	Not Used
250	DMG	Dependent Demographic Information	1	Not Used
260	INS	Dependent Relationship	1	Not Used
LOOP ID - 2000E			>1	
010	HL	Service Provider Level	1	Required
160	MSG	Message Text	1	Used
LOOP ID - 2010E			3	
170	NM1	Service Provider Name	1	Required
180	REF	Service Provider Supplemental Identification	7	Required
200	N3	Service Provider Address	1	Used
210	N4	Service Provider City/State/ZIP Code	1	Used
220	PER	Service Provider Contact Information	1	Used
240	PRV	Service Provider Information	1	Used
LOOP ID - 2000F			>1	
010	HL	Service Level	1	Required
020	TRN	Service Trace Number	2	Used
040	UM	Health Care Services Review Information	1	Required
060	REF	Previous Certification Identification	1	Used
070	DTP	Service Date	1	Used
070	DTP	Admission Date	1	Used
070	DTP	Discharge Date	1	Used
070	DTP	Surgery Date	1	Used
080	HI	Procedures	1	Used
090	HSD	Health Care Services Delivery	1	Used
100	CRC	Patient Condition Information	6	Used
110	CL1	Institutional Claim Code	1	Used
120	CR1	Ambulance Transport Information	1	Not Used
130	CR2	Spinal Manipulation Service Information	1	Not Used
140	CR5	Home Oxygen Therapy Information	1	Not Used
150	CR6	Home Health Care Information	1	Used
155	PWK	Additional Service Information	10	Used
160	MSG	Message Text	1	Used
280	SE	Transaction Set Trailer	1	Required

Not Defined:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

Appendix A – 278 Prior Authorization Paperwork/Attachment Guidelines

Appendix B – 278 Auth Service Type Edit Determination

Appendix C – Nebraska Medicaid Workarounds

ISA

Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information <u>Code</u> <u>Name</u> 00 No Authorization Information Present (No Meaningful Information in I02) 03 Additional Data Identification	M	ID	2/2	Required
ISA02	I02	Authorization Information Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M	AN	10/10	Required
ISA03	I03	Security Information Qualifier Description: Code to identify the type of information in the Security Information <u>Code</u> <u>Name</u> 00 No Security Information Present (No Meaningful Information in I04) 01 Password	M	ID	2/2	Required
ISA04	I04	Security Information Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M	AN	10/10	Required
ISA05	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified Industry: <i>This ID qualifies the Sender in ISA06.</i> <u>Code</u> <u>Name</u> 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC)	M	ID	2/2	Required
ISA06	I06	Interchange Sender ID Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element	M	AN	15/15	Required
ISA07	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified Industry: <i>This ID qualifies the Receiver in ISA08.</i> <u>Code</u> <u>Name</u> 01 Duns (Dun & Bradstreet)	M	ID	2/2	Required

		14	Duns Plus Suffix				
		20	Health Industry Number (HIN)				
		27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)				
		28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)				
		29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)				
		30	U.S. Federal Tax Identification Number				
		33	National Association of Insurance Commissioners Company Code (NAIC)				
		ZZ	Mutually Defined				
ISA08	I07	Interchange Receiver ID		M	AN	15/15	Required
		Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them					
ISA09	I08	Interchange Date		M	DT	6/6	Required
		Description: Date of the interchange					
		Industry: <i>The date format is YYMMDD.</i>					
ISA10	I09	Interchange Time		M	TM	4/4	Required
		Description: Time of the interchange					
		Industry: <i>The time format is HHMM.</i>					
ISA11	I10	Interchange Control Standards Identifier		M	ID	1/1	Required
		Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer					
		All valid standard codes are used.					
ISA12	I11	Interchange Control Version Number		M	ID	5/5	Required
		Description: Code specifying the version number of the interchange control segments					
		Code	Name				
		00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997				
ISA13	I12	Interchange Control Number		M	N0	9/9	Required
		Description: A control number assigned by the interchange sender					
		Industry: <i>The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.</i>					
ISA14	I13	Acknowledgment Requested		M	ID	1/1	Required
		Description: Code sent by the sender to request an interchange acknowledgment (TA1)					
		Industry: <i>See Section A.1.5.1 for interchange acknowledgment information.</i>					
		All valid standard codes are used.					
ISA15	I14	Usage Indicator		M	ID	1/1	Required
		Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information					
		Code	Name				
		P	Production Data				
		T	Test Data				
ISA16	I15	Component Element Separator		M		1/1	Required
		Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator					

GS**Functional Group Header**

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets Code Name BE Benefit Enrollment and Maintenance (834) FA Functional Acknowledgment (997) HB Eligibility, Coverage or Benefit Information (271) HC Health Care Claim (837) HI Health Care Services Review Information (278) HN Health Care Claim Status Notification (277) HP Health Care Claim Payment/Advice (835) HR Health Care Claim Status Request (276) HS Eligibility, Coverage or Benefit Inquiry (270) RA Payment Order/Remittance Advice (820)	M	ID	2/2	Required
GS02	142	Application Sender's Code Description: Code identifying party sending transmission; codes agreed to by trading partners Industry: Use this code to identify the unit sending the information.	M	AN	2/15	Required
GS03	124	Application Receiver's Code Description: Code identifying party receiving transmission; codes agreed to by trading partners Industry: Use this code to identify the unit receiving the information.	M	AN	2/15	Required
GS04	373	Date Description: Date expressed as CCYYMMDD Industry: Use this date for the functional group creation date.	M	DT	8/8	Required
GS05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Industry: Use this time for the creation time. The recommended format is HHMM.	M	TM	4/8	Required
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	N0	1/9	Required
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480	M	ID	1/2	Required
GS08	480	Code Name X Accredited Standards Committee X12 Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE	M	AN	1/12	Required

segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

<u>Code</u>	<u>Name</u>
004010X094A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

ST

Transaction Set Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set	M	ID	3/3	Required
		Code Name 278 Health Care Services Review Information				
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

BHT Beginning of Hierarchical Transaction

Loop: N/A

Elements: 5

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT01	1005	Hierarchical Structure Code Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set <u>Code</u> <u>Name</u> 0078 Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services	M	ID	4/4	Required
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set <u>Code</u> <u>Name</u> 13 Request	M	ID	2/2	Required
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Submitter Transaction Identifier</i>	O	AN	1/30	Required
BHT04	373	Date Description: Date expressed as CCYYMMDD Industry: <i>Transaction Set Creation Date</i>	O	DT	8/8	Required
BHT05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Industry: <i>Transaction Set Creation Time</i>	O	TM	4/8	Required

HL

Utilization Management Organization (UMO) Level

Loop: 2000A

Elements: 3

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		Code Name 20 Information Source				
		Code Name 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

NM1

Utilization Management Organization (UMO) Name

Loop: 2010A

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name X3 Utilization Management Organization	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Utilization Management Organization (UMO) Last or Organization Name</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: <i>Utilization Management Organization (UMO) First Name</i>	O	AN	1/25	Not recommended
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Utilization Management Organization (UMO) Middle Name</i>	O	AN	1/25	Not recommended
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Utilization Management Organization (UMO) Name Suffix</i>	O	AN	1/10	Not recommended
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: <i>Use code "PI".</i> Code Name PI Payor Identification	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Utilization Management Organization (UMO) Identifier</i> Nebraska Medicaid Directive: <i>Use "NEMEDICAID".</i> ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier ExternalCodeList Name: 540 Description: Health Care Financing Administration National Plan ID	C	AN	2/80	Required

HL

Requester Level

Loop: 2000B

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	Code Name 21 Information Receiver	O	ID	1/1	Required
		Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described				
		Code Name 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

NM1

Requester Name

Loop: 2010B

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1P</td><td>Provider</td></tr><tr><td>FA</td><td>Facility</td></tr></table>	<u>Code</u>	<u>Name</u>	1P	Provider	FA	Facility	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>											
1P	Provider											
FA	Facility											
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Person	2	Non-Person Entity	M	ID	1/1	Required
<u>Code</u>	<u>Name</u>											
1	Person											
2	Non-Person Entity											
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Requester Last or Organization Name</i>	O	AN	1/35	Situational						
NM104	1036	Name First Description: Individual first name Industry: <i>Requester First Name</i>	O	AN	1/25	Situational						
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Requester Middle Name</i>	O	AN	1/25	Situational						
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Requester Name Suffix</i>	O	AN	1/10	Situational						
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: <i>Use code "46" only.</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr></table>	<u>Code</u>	<u>Name</u>	46	Electronic Transmitter Identification Number (ETIN)	C	ID	1/2	Required		
<u>Code</u>	<u>Name</u>											
46	Electronic Transmitter Identification Number (ETIN)											
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Requester Identifier</i> ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier	C	AN	2/80	Required						

REF**Requester Supplemental Identification**

Loop: 2010B

Elements: 2

User Option (Usage): Required

To specify identifying information

Nebraska Medicaid Directive:

One of the eight (8) occurrences of this segment must contain a "ZH" in the REF01 and the Nebraska Medicaid Provider ID of the requesting Provider must be sent in the REF02.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code				
		1G Provider UPIN Number				
		1J Facility ID Number				
		CT Contract Number				
		EI Employer's Identification Number				
		N5 Provider Plan Network Identification Number				
		N7 Facility Network Identification Number				
		SY Social Security Number				
		ZH Carrier Assigned Reference Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Requester Supplemental Identifier				

N3**Requester Address**

Loop: 2010B

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: <i>Requester Address Line</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: <i>Requester Address Line</i>	O	AN	1/55	Situational

N4**Requester City/State/ZIP Code**

Loop: 2010B

Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Requester City Name</i>	O	AN	2/30	Situational
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Requester State or Province Code</i>	O	ID	2/2	Situational
N403	116	Postal Code Description: States and Outlying Areas of the U.S. Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Requester Postal Zone or ZIP Code</i>	O	ID	3/15	Situational
N404	26	Country Code Description: ZIP Code Description: Code identifying the country Industry: <i>Requester Country Code</i>	O	ID	2/3	Situational

PER Requester Contact Information

Loop: 2010B

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named <u>Code</u> <u>Name</u> IC Information Contact	M	ID	2/2	Required
PER02	93	Name Description: Free-form name Industry: <i>Requester Contact Name</i>	O	AN	1/60	Situational
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number <u>Code</u> <u>Name</u> EM Electronic Mail FX Facsimile TE Telephone	C	ID	2/2	Situational
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Requester Contact Communication Number</i>	C	AN	1/80	Situational
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number <u>Code</u> <u>Name</u> EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	C	ID	2/2	Situational
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Requester Contact Communication Number</i>	C	AN	1/80	Situational
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number <u>Code</u> <u>Name</u> EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	C	ID	2/2	Situational
PER08	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Requester Contact Communication Number</i>	C	AN	1/80	Situational

PRV

Requester Provider Information

Loop: 2010B

Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																								
PRV01	1221	Provider Code Description: Code identifying the type of provider <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>AD</td><td>Admitting</td></tr><tr><td>AS</td><td>Assistant Surgeon</td></tr><tr><td>AT</td><td>Attending</td></tr><tr><td>CO</td><td>Consulting</td></tr><tr><td>CV</td><td>Covering</td></tr><tr><td>OP</td><td>Operating</td></tr><tr><td>OR</td><td>Ordering</td></tr><tr><td>OT</td><td>Other Physician</td></tr><tr><td>PC</td><td>Primary Care Physician</td></tr><tr><td>PE</td><td>Performing</td></tr><tr><td>RF</td><td>Referring</td></tr></table>	<u>Code</u>	<u>Name</u>	AD	Admitting	AS	Assistant Surgeon	AT	Attending	CO	Consulting	CV	Covering	OP	Operating	OR	Ordering	OT	Other Physician	PC	Primary Care Physician	PE	Performing	RF	Referring	M	ID	1/3	Required
<u>Code</u>	<u>Name</u>																													
AD	Admitting																													
AS	Assistant Surgeon																													
AT	Attending																													
CO	Consulting																													
CV	Covering																													
OP	Operating																													
OR	Ordering																													
OT	Other Physician																													
PC	Primary Care Physician																													
PE	Performing																													
RF	Referring																													
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	<u>Code</u>	<u>Name</u>	ZZ	Mutually Defined	M	ID	2/3	Required																				
<u>Code</u>	<u>Name</u>																													
ZZ	Mutually Defined																													
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Provider Taxonomy Code</i> ExternalCodeList Name: HCPT Description: Health Care Provider Taxonomy	M	AN	1/30	Required																								

HL**Subscriber Level****Loop: 2000C****Elements: 4****User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		Code Name 22 Subscriber				
		Code Name 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

TRN Patient Event Tracking Number

Loop: 2000C

Elements: 4

User Option (Usage): Situational

To uniquely identify a transaction to an application

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN01	481	Trace Type Code Description: Code identifying which transaction is being referenced	M	ID	1/2	Required
		Code Name				
		1 Current Transaction Trace Numbers				
TRN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required
		Industry: <i>Patient Event Tracking Number</i>				
TRN03	509	Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9	O	AN	10/10	Required
		Industry: <i>Trace Assigning Entity Identifier</i>				
TRN04	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O	AN	1/30	Situational
		Industry: <i>Trace Assigning Entity Additional Identifier</i>				

DTP

Accident Date

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 439 Accident				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Accident Date</i>	M	AN	1/35	Required

DTP**Last Menstrual Period Date**

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 484 Last Menstrual Period				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Last Menstrual Period Date</i>	M	AN	1/35	Required

DTP

Estimated Date of Birth

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
DTP02	1250	Code Name ABC Estimated Date of Birth Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
DTP03	1251	Code Name D8 Date Expressed in Format CCYYMMDD Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Estimated Birth Date</i>	M	AN	1/35	Required

DTP

Onset of Current Symptoms or Illness Date

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name 431 Onset of Current Symptoms or Illness	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Onset Date</i>	M	AN	1/35	Required

HI

Subscriber Diagnosis

Loop: 2000C

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Nebraska Medicaid Directive:*The diagnosis codes returned on the response have not been validated for claims payment.**The ICD-9-CM codes will be accepted with or without a decimal. The decimal will be removed for processing of the 278 request. The ICD-9-CM code returned on the response will not contain a decimal.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i> Nebraska Medicaid Directive: <i>H101 must be used as the Primary Diagnosis.</i>	M	ID	1/3	Required
		Code Name BF Diagnosis BJ Admitting Diagnosis BK Principal Diagnosis				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i>	M	AN	1/30	Required
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i>	M	ID	1/3	Required
		Code Name BF Diagnosis BJ Admitting Diagnosis				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i>	M	AN	1/30	Required

ExternalCodeList**Name:** 131**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1250	Date	Time	Period	Format	Qualifier	C	ID	2/3	Situational
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Description: Code indicating the date format, time format, or date and time format**Code****Name**

D8 Date Expressed in Format CCYYMMDD

1251	Date	Time	Period	Format	Qualifier	C	AN	1/35	Situational
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Description: Expression of a date, a time, or range of dates, times or dates and times**Industry:** *Diagnosis Date*

HI03	C022	Health Care Code Information	O	Comp	Situational
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Description: To send health care codes and their associated dates, amounts and quantities

1270	Code List Qualifier Code	M	ID	1/3	Required
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Description: Code identifying a specific industry code list**Industry:** *Diagnosis Type Code***Code****Name**

BF Diagnosis

1271	Industry Code	M	AN	1/30	Required
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Description: Code indicating a code from a specific industry code list**Industry:** *Diagnosis Code***ExternalCodeList****Name:** 131**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1250	Date	Time	Period	Format	Qualifier	C	ID	2/3	Situational
------	------	------	--------	--------	-----------	---	----	-----	-------------

Description: Code indicating the date format, time format, or date and time format**Code****Name**

D8 Date Expressed in Format CCYYMMDD

1251	Date	Time	Period	Format	Qualifier	C	AN	1/35	Situational
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Description: Expression of a date, a time, or range of dates, times or dates and times**Industry:** *Diagnosis Date*

HI04	C022	Health Care Code Information	O	Comp	Situational
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Description: To send health care codes and their associated dates, amounts and quantities

1270	Code List Qualifier Code	M	ID	1/3	Required
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Description: Code identifying a specific industry code list**Industry:** *Diagnosis Type Code***Code****Name**

BF Diagnosis

1271	Industry Code	M	AN	1/30	Required
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Description: Code indicating a code from a specific industry code list**Industry:** *Diagnosis Code***ExternalCodeList****Name:** 131**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1250	Date	Time	Period	Format	Qualifier	C	ID	2/3	Situational
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Description: Code indicating the date format, time format, or date and time format**Code****Name**

D8 Date Expressed in Format CCYYMMDD

1251	Date	Time	Period	Format	Qualifier	C	AN	1/35	Situational
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Description: Expression of a date, a time, or range of dates, times or dates and times**Industry:** *Diagnosis Date*

HI05	C022	Health Care Code Information	O	Comp	Situational
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Description: To send health care codes and their associated dates, amounts and quantities

1270	Code List Qualifier Code	M	ID	1/3	Required
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		Description: Code identifying a specific industry code list					
		Industry: <i>Diagnosis Type Code</i>					
		Code Name					
		BF Diagnosis					
1271		Industry Code	M	AN	1/30		Required
		Description: Code indicating a code from a specific industry code list					
		Industry: <i>Diagnosis Code</i>					
		ExternalCodeList					
		Name: 131					
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
1250		Date Time Period Format Qualifier	C	ID	2/3		Situational
		Description: Code indicating the date format, time format, or date and time format					
		Code Name					
		D8 Date Expressed in Format CCYYMMDD					
1251		Date Time Period	C	AN	1/35		Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times					
		Industry: <i>Diagnosis Date</i>					
HI06	C022	Health Care Code Information	O	Comp			Situational
		Description: To send health care codes and their associated dates, amounts and quantities					
1270		Code List Qualifier Code	M	ID	1/3		Required
		Description: Code identifying a specific industry code list					
		Industry: <i>Diagnosis Type Code</i>					
		Code Name					
		BF Diagnosis					
1271		Industry Code	M	AN	1/30		Required
		Description: Code indicating a code from a specific industry code list					
		Industry: <i>Diagnosis Code</i>					
		ExternalCodeList					
		Name: 131					
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
1250		Date Time Period Format Qualifier	C	ID	2/3		Situational
		Description: Code indicating the date format, time format, or date and time format					
		Code Name					
		D8 Date Expressed in Format CCYYMMDD					
1251		Date Time Period	C	AN	1/35		Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times					
		Industry: <i>Diagnosis Date</i>					
HI07	C022	Health Care Code Information	O	Comp			Situational
		Description: To send health care codes and their associated dates, amounts and quantities					
1270		Code List Qualifier Code	M	ID	1/3		Required
		Description: Code identifying a specific industry code list					
		Industry: <i>Diagnosis Type Code</i>					
		Code Name					
		BF Diagnosis					
1271		Industry Code	M	AN	1/30		Required
		Description: Code indicating a code from a specific industry code list					
		Industry: <i>Diagnosis Code</i>					
		ExternalCodeList					
		Name: 131					
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
1250		Date Time Period Format Qualifier	C	ID	2/3		Situational
		Description: Code indicating the date format, time format, or date and time format					
		Code Name					

		D8	Date Expressed in Format CCYYMMDD				
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational	
HI08	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational	
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i>	M	ID	1/3	Required	
		Code Name BF Diagnosis					
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i>	M	AN	1/30	Required	
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational	
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational	
HI09	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational	
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i>	M	ID	1/3	Required	
		Code Name BF Diagnosis					
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i>	M	AN	1/30	Required	
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational	
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational	
HI10	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational	
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i>	M	ID	1/3	Required	
		Code Name BF Diagnosis					
	1271	Industry Code Description: Code indicating a code from a specific	M	AN	1/30	Required	

industry code list

Industry: Diagnosis Code**ExternalCodeList****Name: 131****Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure1250 **Date Time Period Format Qualifier** C ID 2/3 Situational**Description:** Code indicating the date format, time format, or date and time format**Code** **Name**

D8 Date Expressed in Format CCYYMMDD

1251 **Date Time Period** C AN 1/35 Situational**Description:** Expression of a date, a time, or range of dates, times or dates and times**Industry: Diagnosis Date**HI11 C022 **Health Care Code Information** O Comp Situational**Description:** To send health care codes and their associated dates, amounts and quantities1270 **Code List Qualifier Code** M ID 1/3 Required**Description:** Code identifying a specific industry code list**Industry: Diagnosis Type Code****Code** **Name**

BF Diagnosis

1271 **Industry Code** M AN 1/30 Required**Description:** Code indicating a code from a specific industry code list**Industry: Diagnosis Code****ExternalCodeList****Name: 131****Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure1250 **Date Time Period Format Qualifier** C ID 2/3 Situational**Description:** Code indicating the date format, time format, or date and time format**Code** **Name**

D8 Date Expressed in Format CCYYMMDD

1251 **Date Time Period** C AN 1/35 Situational**Description:** Expression of a date, a time, or range of dates, times or dates and times**Industry: Diagnosis Date**HI12 C022 **Health Care Code Information** O Comp Situational**Description:** To send health care codes and their associated dates, amounts and quantities1270 **Code List Qualifier Code** M ID 1/3 Required**Description:** Code identifying a specific industry code list**Industry: Diagnosis Type Code****Code** **Name**

BF Diagnosis

1271 **Industry Code** M AN 1/30 Required**Description:** Code indicating a code from a specific industry code list**Industry: Diagnosis Code****ExternalCodeList****Name: 131****Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure1250 **Date Time Period Format Qualifier** C ID 2/3 Situational**Description:** Code indicating the date format, time format, or date and time format**Code** **Name**

D8 Date Expressed in Format CCYYMMDD

1251 **Date Time Period** C AN 1/35 Situational**Description:** Expression of a date, a time, or range of dates, times or dates and times**Industry: Diagnosis Date**

PWK Additional Patient Information

Loop: 2000C

Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Nebraska Medicaid Directive:

Required when a paper attachment is required by NE Medicaid. Refer to policy. If the necessary attachments are not included, a response will be sent back with "Not certified", HCR01 = 'A3', HCR03 = '90', "Requested Information not Received".

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PWK01	755	Report Type Code	M	ID	2/2	Required
		Description: Code indicating the title or contents of a document, report or supporting item				
		Industry: Attachment Report Type Code				
		Code		Name		
		03		Report Justifying Treatment Beyond Utilization Guidelines		
		04		Drugs Administered		
		05		Treatment Diagnosis		
		06		Initial Assessment		
		07		Functional Goals		
		08		Plan of Treatment		
		09		Progress Report		
		10		Continued Treatment		
		11		Chemical Analysis		
		13		Certified Test Report		
		15		Justification for Admission		
		21		Recovery Plan		
		48		Social Security Benefit Letter		
		55		Rental Agreement		
		59		Benefit Letter		
		77		Support Data for Verification		
		A3		Allergies/Sensitivities Document		
		A4		Autopsy Report		
		AM		Ambulance Certification		
		AS		Admission Summary		
		AT		Purchase Order Attachment		
		B2		Prescription		
		B3		Physician Order		
		BR		Benchmark Testing Results		
		BS		Baseline		
		BT		Blanket Test Results		
		CB		Chiropractic Justification		
		CK		Consent Form(s)		
		D2		Drug Profile Document		
		DA		Dental Models		
		DB		Durable Medical Equipment Prescription		
		DG		Diagnostic Report		
		DJ		Discharge Monitoring Report		
		DS		Discharge Summary		
		FM		Family Medical History Document		
		HC		Health Certificate		
		HR		Health Clinic Records		
		I5		Immunization Record		
		IR		State School Immunization Records		
		LA		Laboratory Results		

		M1	Medical Record Attachment				
		NN	Nursing Notes				
		OB	Operative Note				
		OC	Oxygen Content Averaging Report				
		OD	Orders and Treatments Document				
		OE	Objective Physical Examination (including vital signs) Document				
		OX	Oxygen Therapy Certification				
		P4	Pathology Report				
		P5	Patient Medical History Document				
		P6	Periodontal Charts				
		P7	Periodontal Reports				
		PE	Parenteral or Enteral Certification				
		PN	Physical Therapy Notes				
		PO	Prosthetics or Orthotic Certification				
		PQ	Paramedical Results				
		PY	Physician's Report				
		PZ	Physical Therapy Certification				
		QC	Cause and Corrective Action Report				
		QR	Quality Report				
		RB	Radiology Films				
		RR	Radiology Reports				
		RT	Report of Tests and Analysis Report				
		RX	Renewable Oxygen Content Averaging Report				
		SG	Symptoms Document				
		V5	Death Notification				
		XP	Photographs				
PWK02	756	Report Transmission Code		O	ID	1/2	Required
		Description: Code defining timing, transmission method or format by which reports are to be sent					
		Industry: Attachment Transmission Code					
		Nebraska Medicaid Directive: Use codes "BM" or "FX" only. The fax number is 402-471-9092.					
		Code	Name				
		AA	Available on Request at Provider Site				
		BM	By Mail				
		EL	Electronically Only				
		EM	E-Mail				
		FX	By Fax				
		VO	Voice				
PWK05	66	Identification Code Qualifier		X	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67)					
		Code	Name				
		AC	Attachment Control Number				
PWK06	67	Identification Code		X	AN	2/80	Situational
		Description: Code identifying a party or other code					
		Industry: Attachment Control Number					
		Nebraska Medicaid Directive: Refer to Appendix A, Paperwork/Attachment Guidelines.					
PWK07	352	Description		O	AN	1/80	Situational
		Description: A free-form description to clarify the related data elements and their content					
		Industry: Attachment Description					

NM1

Subscriber Name

Loop: 2010CA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Subscriber Last Name</i>	O	AN	1/35	Situational
NM104	1036	Name First Description: Individual first name Industry: <i>Subscriber First Name</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Subscriber Middle Name</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Subscriber Name Suffix</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name MI Member Identification Number	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Subscriber Primary Identifier</i> Nebraska Medicaid Directive: <i>Use the 11-digit Nebraska Medicaid assigned Recipient ID number.</i>	C	AN	2/80	Required

REF

Subscriber Supplemental Identification

Loop: 2010CA

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																								
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1L</td><td>Group or Policy Number</td></tr><tr><td>1W</td><td>Member Identification Number</td></tr><tr><td>6P</td><td>Group Number</td></tr><tr><td>A6</td><td>Employee Identification Number</td></tr><tr><td>EJ</td><td>Patient Account Number</td></tr><tr><td>F6</td><td>Health Insurance Claim (HIC) Number</td></tr><tr><td>HJ</td><td>Identity Card Number</td></tr><tr><td>IG</td><td>Insurance Policy Number</td></tr><tr><td>N6</td><td>Plan Network Identification Number</td></tr><tr><td>NQ</td><td>Medicaid Recipient Identification Number</td></tr><tr><td>SY</td><td>Social Security Number</td></tr></table>	<u>Code</u>	<u>Name</u>	1L	Group or Policy Number	1W	Member Identification Number	6P	Group Number	A6	Employee Identification Number	EJ	Patient Account Number	F6	Health Insurance Claim (HIC) Number	HJ	Identity Card Number	IG	Insurance Policy Number	N6	Plan Network Identification Number	NQ	Medicaid Recipient Identification Number	SY	Social Security Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>																													
1L	Group or Policy Number																													
1W	Member Identification Number																													
6P	Group Number																													
A6	Employee Identification Number																													
EJ	Patient Account Number																													
F6	Health Insurance Claim (HIC) Number																													
HJ	Identity Card Number																													
IG	Insurance Policy Number																													
N6	Plan Network Identification Number																													
NQ	Medicaid Recipient Identification Number																													
SY	Social Security Number																													
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Subscriber Supplemental Identifier</i>	C	AN	1/30	Required																								

DMG Subscriber Demographic Information

Loop: 2010CA

Elements: 3

User Option (Usage): Situational

To supply demographic information

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Required
		Industry: <i>Subscriber Birth Date</i>				
DMG03	1068	Gender Code Description: Code indicating the sex of the individual	O	ID	1/1	Situational
		Industry: <i>Subscriber Gender Code</i>				
		Code Name F Female M Male U Unknown				

HL**Service Provider Level**

Loop: 2000E

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Nebraska Medicaid Directive:

If it is necessary to send an ordering provider license and name, it must be included as a second service provider loop. The name must be present in the NM1 segment, and the provider's license number must be present in the REF segment using the REF01 qualifier of "ZH". The PRV01 should be sent as an "OR". The format of the license should be state-provider type nine-digit text right-justified and space filled.

Only two service Provider Loops will be used - one for the service provider and one for the ordering provider if it is necessary. All others will not be processed.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	<u>Code</u> <u>Name</u> 19 Provider of Service	O	ID	1/1	Required
		Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described <u>Code</u> <u>Name</u> 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

MSG Message Text

Loop: 2000E

Elements: 1

User Option (Usage): Situational

To provide a free-form format that allows the transmission of text information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
MSG01	933	Free-Form Message Text	M	AN	1/264	Required
		Description: Free-form message text				
		Industry: <i>Free Form Message Text</i>				

NM1 Service Provider Name

Loop: 2010E

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

One of the following must be present:

1. Service provider's name in NM103/NM104/NM105.
2. REF01 of "ZH" and an REF02 containing the service provider's 11-digit NE Medicaid assigned provider number.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 1T Physician, Clinic or Group Practice FA Facility SJ Service Provider	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Service Provider Last or Organization Name	O	AN	1/35	Situational
NM104	1036	Name First Description: Individual first name Industry: Service Provider First Name	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Service Provider Middle Name	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Service Provider Name Suffix	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: Use code "46" only. Code Name 46 Electronic Transmitter Identification Number (ETIN)	C	ID	1/2	Situational
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Service Provider Identifier Nebraska Medicaid Directive: If 2010E PRV01="OR", then NM104 must contain the state license number. The state license number must be the two-digit alphabetical postal state code abbreviation, followed by the state license number. For example, NE123456. ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier	C	AN	2/80	Situational

REF

Service Provider Supplemental Identification

Loop: 2010E

Elements: 2

User Option (Usage): Required

To specify identifying information

Nebraska Medicaid Directive:

One of the following must be present:

1. Service provider's name in NM103/NM104/NM105.
2. REF01 of "ZH" and an REF02 containing the service provider's 11-digit NE Medicaid assigned provider number.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1G</td><td>Provider UPIN Number</td></tr><tr><td>1J</td><td>Facility ID Number</td></tr><tr><td>EI</td><td>Employer's Identification Number</td></tr><tr><td>N5</td><td>Provider Plan Network Identification Number</td></tr><tr><td>N7</td><td>Facility Network Identification Number</td></tr><tr><td>SY</td><td>Social Security Number</td></tr><tr><td>ZH</td><td>Carrier Assigned Reference Number</td></tr></table>	<u>Code</u>	<u>Name</u>	1G	Provider UPIN Number	1J	Facility ID Number	EI	Employer's Identification Number	N5	Provider Plan Network Identification Number	N7	Facility Network Identification Number	SY	Social Security Number	ZH	Carrier Assigned Reference Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>																					
1G	Provider UPIN Number																					
1J	Facility ID Number																					
EI	Employer's Identification Number																					
N5	Provider Plan Network Identification Number																					
N7	Facility Network Identification Number																					
SY	Social Security Number																					
ZH	Carrier Assigned Reference Number																					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Service Provider Supplemental Identifier</i>	C	AN	1/30	Required																

N3**Service Provider Address**

Loop: 2010E

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Service Provider Address Line	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Service Provider Address Line	O	AN	1/55	Situational

N4

Service Provider City/State/ZIP Code

Loop: 2010E

Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Service Provider City Name</i>	O	AN	2/30	Situational
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Service Provider State or Province Code</i>	O	ID	2/2	Situational
N403	116	Postal Code Description: States and Outlying Areas of the U.S. Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Service Provider Postal Zone or ZIP Code</i>	O	ID	3/15	Situational
N404	26	Country Code Description: ZIP Code Description: Code identifying the country Industry: <i>Service Provider Country Code</i>	O	ID	2/3	Situational

PER Service Provider Contact Information

Loop: 2010E

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named Code Name IC Information Contact	M	ID	2/2	Required
PER02	93	Name Description: Free-form name Industry: <i>Service Provider Contact Name</i>	O	AN	1/60	Situational
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail FX Facsimile TE Telephone	C	ID	2/2	Situational
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Service Provider Contact Communication Number</i>	C	AN	1/80	Situational
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	C	ID	2/2	Situational
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Service Provider Contact Communication Number</i>	C	AN	1/80	Situational
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	C	ID	2/2	Situational
PER08	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Service Provider Contact Communication Number</i>	C	AN	1/80	Situational

PRV Service Provider Information

Loop: 2010E

Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																						
PRV01	1221	Provider Code Description: Code identifying the type of provider <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>AD</td><td>Admitting</td></tr><tr><td>AS</td><td>Assistant Surgeon</td></tr><tr><td>AT</td><td>Attending</td></tr><tr><td>CO</td><td>Consulting</td></tr><tr><td>CV</td><td>Covering</td></tr><tr><td>OP</td><td>Operating</td></tr><tr><td>OR</td><td>Ordering</td></tr><tr><td>OT</td><td>Other Physician</td></tr><tr><td>PC</td><td>Primary Care Physician</td></tr><tr><td>PE</td><td>Performing</td></tr></table>	<u>Code</u>	<u>Name</u>	AD	Admitting	AS	Assistant Surgeon	AT	Attending	CO	Consulting	CV	Covering	OP	Operating	OR	Ordering	OT	Other Physician	PC	Primary Care Physician	PE	Performing	M	ID	1/3	Required
<u>Code</u>	<u>Name</u>																											
AD	Admitting																											
AS	Assistant Surgeon																											
AT	Attending																											
CO	Consulting																											
CV	Covering																											
OP	Operating																											
OR	Ordering																											
OT	Other Physician																											
PC	Primary Care Physician																											
PE	Performing																											
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	<u>Code</u>	<u>Name</u>	ZZ	Mutually Defined	M	ID	2/3	Required																		
<u>Code</u>	<u>Name</u>																											
ZZ	Mutually Defined																											
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Provider Taxonomy Code</i> ExternalCodeList Name: HCPT Description: Health Care Provider Taxonomy	M	AN	1/30	Required																						

HL

Service Level

Loop: 2000F

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		Code Name 0 No Subordinate HL Segment in This Hierarchical Structure.				

TRN Service Trace Number

Loop: 2000F

Elements: 4

User Option (Usage): Situational

To uniquely identify a transaction to an application

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN01	481	Trace Type Code Description: Code identifying which transaction is being referenced	M	ID	1/2	Required
		Code Name				
		1 Current Transaction Trace Numbers				
TRN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required
		Industry: <i>Service Trace Number</i>				
TRN03	509	Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9	O	AN	10/10	Required
		Industry: <i>Trace Assigning Entity Identifier</i>				
TRN04	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O	AN	1/30	Situational
		Industry: <i>Trace Assigning Entity Additional Identifier</i>				

UM

Health Care Services Review Information

Loop: 2000F

Elements: 10

User Option (Usage): Required

To specify health care services review information

Nebraska Medicaid Directive:

Refer to the 278 Auth Service Type Edit Determination in Appendix B.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage																																																
UM01	1525	Request Category Code Description: Code indicating a type of request <table><tr><th>Code</th><th>Name</th></tr><tr><td>AR</td><td>Admission Review</td></tr><tr><td>HS</td><td>Health Services Review</td></tr><tr><td>SC</td><td>Specialty Care Review</td></tr></table>	Code	Name	AR	Admission Review	HS	Health Services Review	SC	Specialty Care Review	M	ID	1/2	Required																																								
Code	Name																																																					
AR	Admission Review																																																					
HS	Health Services Review																																																					
SC	Specialty Care Review																																																					
UM02	1322	Certification Type Code Description: Code indicating the type of certification <table><tr><th>Code</th><th>Name</th></tr><tr><td>1</td><td>Appeal - Immediate</td></tr><tr><td>2</td><td>Appeal - Standard</td></tr><tr><td>3</td><td>Cancel</td></tr><tr><td>4</td><td>Extension</td></tr><tr><td>I</td><td>Initial</td></tr><tr><td>R</td><td>Renewal</td></tr><tr><td>S</td><td>Revised</td></tr></table>	Code	Name	1	Appeal - Immediate	2	Appeal - Standard	3	Cancel	4	Extension	I	Initial	R	Renewal	S	Revised	O	ID	1/1	Required																																
Code	Name																																																					
1	Appeal - Immediate																																																					
2	Appeal - Standard																																																					
3	Cancel																																																					
4	Extension																																																					
I	Initial																																																					
R	Renewal																																																					
S	Revised																																																					
UM03	1365	Service Type Code Description: Code identifying the classification of service <div>Nebraska Medicaid Directive: For a client in a nursing home receiving hospice care, use the service type code 54, not 45.</div> <table><tr><th>Code</th><th>Name</th></tr><tr><td>1</td><td>Medical Care</td></tr><tr><td>2</td><td>Surgical</td></tr><tr><td>3</td><td>Consultation</td></tr><tr><td>4</td><td>Diagnostic X-Ray</td></tr><tr><td>5</td><td>Diagnostic Lab</td></tr><tr><td>6</td><td>Radiation Therapy</td></tr><tr><td>7</td><td>Anesthesia</td></tr><tr><td>8</td><td>Surgical Assistance</td></tr><tr><td>12</td><td>Durable Medical Equipment Purchase</td></tr><tr><td>14</td><td>Renal Supplies in the Home</td></tr><tr><td>15</td><td>Alternate Method Dialysis</td></tr><tr><td>16</td><td>Chronic Renal Disease (CRD) Equipment</td></tr><tr><td>17</td><td>Pre-Admission Testing</td></tr><tr><td>18</td><td>Durable Medical Equipment Rental</td></tr><tr><td>20</td><td>Second Surgical Opinion</td></tr><tr><td>21</td><td>Third Surgical Opinion</td></tr><tr><td>23</td><td>Diagnostic Dental</td></tr><tr><td>24</td><td>Periodontics</td></tr><tr><td>25</td><td>Restorative</td></tr><tr><td>26</td><td>Endodontics</td></tr><tr><td>27</td><td>Maxillofacial Prosthetics</td></tr><tr><td>28</td><td>Adjunctive Dental Services</td></tr><tr><td>33</td><td>Chiropractic</td></tr></table>	Code	Name	1	Medical Care	2	Surgical	3	Consultation	4	Diagnostic X-Ray	5	Diagnostic Lab	6	Radiation Therapy	7	Anesthesia	8	Surgical Assistance	12	Durable Medical Equipment Purchase	14	Renal Supplies in the Home	15	Alternate Method Dialysis	16	Chronic Renal Disease (CRD) Equipment	17	Pre-Admission Testing	18	Durable Medical Equipment Rental	20	Second Surgical Opinion	21	Third Surgical Opinion	23	Diagnostic Dental	24	Periodontics	25	Restorative	26	Endodontics	27	Maxillofacial Prosthetics	28	Adjunctive Dental Services	33	Chiropractic	O	ID	1/2	Required
Code	Name																																																					
1	Medical Care																																																					
2	Surgical																																																					
3	Consultation																																																					
4	Diagnostic X-Ray																																																					
5	Diagnostic Lab																																																					
6	Radiation Therapy																																																					
7	Anesthesia																																																					
8	Surgical Assistance																																																					
12	Durable Medical Equipment Purchase																																																					
14	Renal Supplies in the Home																																																					
15	Alternate Method Dialysis																																																					
16	Chronic Renal Disease (CRD) Equipment																																																					
17	Pre-Admission Testing																																																					
18	Durable Medical Equipment Rental																																																					
20	Second Surgical Opinion																																																					
21	Third Surgical Opinion																																																					
23	Diagnostic Dental																																																					
24	Periodontics																																																					
25	Restorative																																																					
26	Endodontics																																																					
27	Maxillofacial Prosthetics																																																					
28	Adjunctive Dental Services																																																					
33	Chiropractic																																																					

34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45	Hospice
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism

		Description: Code identifying the country								
		ExternalCodeList								
		Name: 5								
UM06	1338	Description: Countries, Currencies and Funds	O	ID	1/3	Situational				
		Level of Service Code								
		Description: Code specifying the level of service rendered								
		Code								
		Name								
		U	Urgent							
		03	Emergency							
UM07	1213	Current Health Condition Code	O	ID	1/1	Situational				
		Description: Code indicating current health condition of the individual								
		All valid standard codes are used.								
UM08	923	Prognosis Code	O	ID	1/1	Situational				
		Description: Code indicating physician's prognosis for the patient								
		All valid standard codes are used.								
UM09	1363	Release of Information Code	O	ID	1/1	Required				
		Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations								
		Code								
		Name								
		A					Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization			
		I					Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes			
		M					The Provider has Limited or Restricted Ability to Release Data Related to a Claim			
		O					On file at Payor or at Plan Sponsor			
		Y					Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim			
		UM10					1514	Delay Reason Code	O	ID
Description: Code indicating the reason why a request was delayed										
Code										
Name										
1	Proof of Eligibility Unknown or Unavailable									
2	Litigation									
3	Authorization Delays									
4	Delay in Certifying Provider									
7	Third Party Processing Delay									
8	Delay in Eligibility Determination									
10	Administration Delay in the Prior Approval Process									
11	Other									
15	Natural Disaster									
16	Lack of Information									
17	No response to initial request									

REF

Previous Certification Identification

Loop: 2000F

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name BB Authorization Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Previous Certification Identifier</i>	C	AN	1/30	Required

DTP

Service Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 472 Service				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Proposed or Actual Service Date</i>	M	AN	1/35	Required

DTP

Admission Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 435 Admission				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Proposed or Actual Admission Date</i>	M	AN	1/35	Required

DTP Discharge Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 096 Discharge				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Proposed or Actual Discharge Date</i>	M	AN	1/35	Required

DTP**Surgery Date**

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 456 Surgery				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Proposed or Actual Surgery Date</i>	M	AN	1/35	Required

HI**Procedures**

Loop: 2000F

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name				
		BO Health Care Financing Administration Common Procedural Coding System				
		BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		Nebraska Medicaid Directive: <i>The ICD-9-CM codes will be accepted with or without a decimal. The decimal will be removed for processing of the 278 request. The ICD-9-CM code returned on the response will not contain a decimal.</i>				
		JP National Standard Tooth Numbering System				
		ZZ Mutually Defined				
		ABR Assigned by Receiver				
		Nebraska Medicaid Directive: <i>Revenue code.</i>				
		NDC National Drug Code (NDC)				
	1271	Industry Code Description: Code indicating a code from a specific industry code list	M	AN	1/30	Required
		Industry: Procedure Code				
		ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System				
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes				
		ExternalCodeList Name: 134 Description: National Drug Code				
		ExternalCodeList Name: 135 Description: American Dental Association Codes				
		ExternalCodeList Name: 240 Description: National Drug Code by Format				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Situational
		Code Name				
		D8 Date Expressed in Format CCYYMMDD				

	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
1251	Date Time Period	C	AN	1/35	Situational
	Description: Expression of a date, a time, or range of dates, times or dates and times				
	Industry: <i>Procedure Date</i>				
782	Monetary Amount	O	R	1/18	Situational
	Description: Monetary amount				
	Industry: <i>Procedure Monetary Amount</i>				
	Nebraska Medicaid Directive: <i>Submit usual and customary charge.</i>				
380	Quantity	O	R	1/15	Situational
	Description: Numeric value of quantity				
	Industry: <i>Procedure Quantity</i>				
799	Version Identifier	O	AN	1/30	Situational
	Description: Revision level of a particular format, program, technique or algorithm				
	Industry: <i>Version, Release, or Industry Identifier</i>				
HI02	C022	O	Comp		Situational
	Health Care Code Information				
	Description: To send health care codes and their associated dates, amounts and quantities				
1270	Code List Qualifier Code	M	ID	1/3	Required
	Description: Code identifying a specific industry code list				
	Code	Name			
	BO	Health Care Financing Administration Common Procedural Coding System			
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure			
	JP	National Standard Tooth Numbering System			
	ABR	Assigned by Receiver			
	Nebraska Medicaid Directive: <i>Use with Revenue code.</i>				
	NDC	National Drug Code (NDC)			
1271	Industry Code	M	AN	1/30	Required
	Description: Code indicating a code from a specific industry code list				
	Industry: <i>Procedure Code</i>				
	ExternalCodeList				
	Name: 130				
	Description: Health Care Financing Administration Common Procedural Coding System				
	ExternalCodeList				
	Name: 131				
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	ExternalCodeList				
	Name: 132				
	Description: National Uniform Billing Committee (NUBC) codes				
	ExternalCodeList				
	Name: 134				
	Description: National Drug Code				
	ExternalCodeList				
	Name: 135				
	Description: American Dental Association Codes				
	ExternalCodeList				
	Name: 240				
	Description: National Drug Code by Format				
1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
	Description: Code indicating the date format, time format, or date and time format				
	Code	Name			
	D8	Date Expressed in Format CCYYMMDD			
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
1251	Date Time Period	C	AN	1/35	Situational
	Description: Expression of a date, a time, or range of dates, times or dates and times				
	Industry: <i>Procedure Date</i>				
782	Monetary Amount	O	R	1/18	Situational
	Description: Monetary amount				
	Industry: <i>Procedure Monetary Amount</i>				

		Nebraska Medicaid Directive: Submit usual and customary charge.				
HI03	380	Quantity	O	R	1/15	Situational
		Description: Numeric value of quantity				
		Industry: Procedure Quantity				
	799	Version Identifier	O	AN	1/30	Situational
		Description: Revision level of a particular format, program, technique or algorithm				
		Industry: Version, Release, or Industry Identifier				
	C022	Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code				
		Name				
		BO				Health Care Financing Administration Common Procedural Coding System
		BQ				International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		JP				National Standard Tooth Numbering System
		ZZ				Mutually Defined
		ABR				Assigned by Receiver
		NDC				National Drug Code (NDC)
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Procedure Code				
		ExternalCodeList				
		Name: 130				
		Description: Health Care Financing Administration Common Procedural Coding System				
		ExternalCodeList				
		Name: 131				
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUBC) codes				
		ExternalCodeList				
		Name: 134				
		Description: National Drug Code				
		ExternalCodeList				
		Name: 135				
		Description: American Dental Association Codes				
		ExternalCodeList				
		Name: 240				
		Description: National Drug Code by Format				
	1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
		Description: Code indicating the date format, time format, or date and time format				
		Code				
		Name				
		D8				Date Expressed in Format CCYYMMDD
		RD8				Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
	1251	Date Time Period	C	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: Procedure Date				
	782	Monetary Amount	O	R	1/18	Situational
		Description: Monetary amount				
		Industry: Procedure Monetary Amount				
		Nebraska Medicaid Directive: Submit usual and customary charge.				
	380	Quantity	O	R	1/15	Situational
		Description: Numeric value of quantity				
		Industry: Procedure Quantity				
	799	Version Identifier	O	AN	1/30	Situational
		Description: Revision level of a particular format, program, technique or algorithm				
		Industry: Version, Release, or Industry Identifier				

HI04	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System ABR Assigned by Receiver NDC National Drug Code (NDC)				
	1271	Industry Code Description: Code indicating a code from a specific industry code list	M	AN	1/30	Required
		Industry: <i>Procedure Code</i> ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes ExternalCodeList Name: 134 Description: National Drug Code ExternalCodeList Name: 135 Description: American Dental Association Codes ExternalCodeList Name: 240 Description: National Drug Code by Format				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Situational
		Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Situational
		Industry: <i>Procedure Date</i>				
	782	Monetary Amount Description: Monetary amount	O	R	1/18	Situational
		Industry: <i>Procedure Monetary Amount</i> Nebraska Medicaid Directive: <i>Submit usual and customary charge.</i>				
	380	Quantity Description: Numeric value of quantity	O	R	1/15	Situational
		Industry: <i>Procedure Quantity</i>				
	799	Version Identifier Description: Revision level of a particular format, program, technique or algorithm	O	AN	1/30	Situational
		Industry: <i>Version, Release, or Industry Identifier</i>				
HI05	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System				

		ABR	Assigned by Receiver				
		NDC	National Drug Code (NDC)				
1271	Industry Code	M	AN	1/30		Required	
	Description:	Code indicating a code from a specific industry code list					
	Industry:	<i>Procedure Code</i>					
	ExternalCodeList						
	Name:	130					
	Description:	Health Care Financing Administration Common Procedural Coding System					
	ExternalCodeList						
	Name:	131					
	Description:	International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	ExternalCodeList						
	Name:	132					
	Description:	National Uniform Billing Committee (NUBC) codes					
	ExternalCodeList						
	Name:	134					
	Description:	National Drug Code					
	ExternalCodeList						
	Name:	135					
	Description:	American Dental Association Codes					
	ExternalCodeList						
	Name:	240					
	Description:	National Drug Code by Format					
1250	Date Time Period Format Qualifier	C	ID	2/3		Situational	
	Description:	Code indicating the date format, time format, or date and time format					
	Code	Name					
	D8	Date Expressed in Format CCYYMMDD					
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
1251	Date Time Period	C	AN	1/35		Situational	
	Description:	Expression of a date, a time, or range of dates, times or dates and times					
	Industry:	<i>Procedure Date</i>					
782	Monetary Amount	O	R	1/18		Situational	
	Description:	Monetary amount					
	Industry:	<i>Procedure Monetary Amount</i>					
	Nebraska Medicaid Directive:	<i>Submit usual and customary charge.</i>					
380	Quantity	O	R	1/15		Situational	
	Description:	Numeric value of quantity					
	Industry:	<i>Procedure Quantity</i>					
799	Version Identifier	O	AN	1/30		Situational	
	Description:	Revision level of a particular format, program, technique or algorithm					
	Industry:	<i>Version, Release, or Industry Identifier</i>					
HI06	C022	Health Care Code Information	O	Comp		Situational	
	Description:	To send health care codes and their associated dates, amounts and quantities					
1270	Code List Qualifier Code	M	ID	1/3		Required	
	Description:	Code identifying a specific industry code list					
	Code	Name					
	BO	Health Care Financing Administration Common Procedural Coding System					
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure					
	JP	National Standard Tooth Numbering System					
	ABR	Assigned by Receiver					
	NDC	National Drug Code (NDC)					
1271	Industry Code	M	AN	1/30		Required	
	Description:	Code indicating a code from a specific industry code list					
	Industry:	<i>Procedure Code</i>					
	ExternalCodeList						
	Name:	130					
	Description:	Health Care Financing Administration Common Procedural Coding System					
	ExternalCodeList						

Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure <u>ExternalCodeList</u>					
Name: 132 Description: National Uniform Billing Committee (NUBC) codes <u>ExternalCodeList</u>					
Name: 134 Description: National Drug Code <u>ExternalCodeList</u>					
Name: 135 Description: American Dental Association Codes <u>ExternalCodeList</u>					
Name: 240 Description: National Drug Code by Format					
1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
Description: Code indicating the date format, time format, or date and time format <u>Code</u> <u>Name</u> D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
1251	Date Time Period	C	AN	1/35	Situational
Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Procedure Date</i>					
782	Monetary Amount	O	R	1/18	Situational
Description: Monetary amount Industry: <i>Procedure Monetary Amount</i> Nebraska Medicaid Directive: <i>Submit usual and customary charge.</i>					
380	Quantity	O	R	1/15	Situational
Description: Numeric value of quantity Industry: <i>Procedure Quantity</i>					
799	Version Identifier	O	AN	1/30	Situational
Description: Revision level of a particular format, program, technique or algorithm Industry: <i>Version, Release, or Industry Identifier</i>					
HI07	C022 Health Care Code Information	O	Comp		Situational
Description: To send health care codes and their associated dates, amounts and quantities					
1270	Code List Qualifier Code	M	ID	1/3	Required
Description: Code identifying a specific industry code list <u>Code</u> <u>Name</u> BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System ABR Assigned by Receiver NDC National Drug Code (NDC)					
1271	Industry Code	M	AN	1/30	Required
Description: Code indicating a code from a specific industry code list Industry: <i>Procedure Code</i> <u>ExternalCodeList</u>					
Name: 130 Description: Health Care Financing Administration Common Procedural Coding System <u>ExternalCodeList</u>					
Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure <u>ExternalCodeList</u>					
Name: 132 Description: National Uniform Billing Committee (NUBC) codes <u>ExternalCodeList</u>					
Name: 134 Description: National Drug Code <u>ExternalCodeList</u>					
Name: 135					

Description: American Dental Association Codes					
ExternalCodeList					
Name: 240					
Description: National Drug Code by Format					
1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
Description: Code indicating the date format, time format, or date and time format					
Code Name					
D8 Date Expressed in Format CCYYMMDD					
RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
1251	Date Time Period	C	AN	1/35	Situational
Description: Expression of a date, a time, or range of dates, times or dates and times					
Industry: <i>Procedure Date</i>					
782	Monetary Amount	O	R	1/18	Situational
Description: Monetary amount					
Industry: <i>Procedure Monetary Amount</i>					
Nebraska Medicaid Directive: <i>Submit usual and customary charge.</i>					
380	Quantity	O	R	1/15	Situational
Description: Numeric value of quantity					
Industry: <i>Procedure Quantity</i>					
Nebraska Medicaid Directive: <i>One occurrence of individual procedure code number of services for a prior authorization is retained.</i>					
799	Version Identifier	O	AN	1/30	Situational
Description: Revision level of a particular format, program, technique or algorithm					
Industry: <i>Version, Release, or Industry Identifier</i>					
HI08	C022 Health Care Code Information	O	Comp		Situational
Description: To send health care codes and their associated dates, amounts and quantities					
1270	Code List Qualifier Code	M	ID	1/3	Required
Description: Code identifying a specific industry code list					
Code Name					
BO Health Care Financing Administration Common Procedural Coding System					
BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure					
JP National Standard Tooth Numbering System					
ABR Assigned by Receiver					
Nebraska Medicaid Directive:					
<i>Use with Revenue code.</i>					
NDC National Drug Code (NDC)					
1271	Industry Code	M	AN	1/30	Required
Description: Code indicating a code from a specific industry code list					
Industry: <i>Procedure Code</i>					
ExternalCodeList					
Name: 130					
Description: Health Care Financing Administration Common Procedural Coding System					
ExternalCodeList					
Name: 131					
Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
ExternalCodeList					
Name: 132					
Description: National Uniform Billing Committee (NUBC) codes					
ExternalCodeList					
Name: 134					
Description: National Drug Code					
ExternalCodeList					
Name: 135					
Description: American Dental Association Codes					
ExternalCodeList					
Name: 240					
Description: National Drug Code by Format					
1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
Description: Code indicating the date format, time format, or date and time format					

		Description: Code indicating the date format, time format, or date and time format					
		<u>Code</u>	<u>Name</u>				
		D8	Date Expressed in Format CCYYMMDD				
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251		Date Time Period		C	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times					
		Industry: <i>Procedure Date</i>					
782		Monetary Amount		O	R	1/18	Situational
		Description: Monetary amount					
		Industry: <i>Procedure Monetary Amount</i>					
		Nebraska Medicaid Directive: <i>Submit usual and customary charge.</i>					
380		Quantity		O	R	1/15	Situational
		Description: Numeric value of quantity					
		Industry: <i>Procedure Quantity</i>					
799		Version Identifier		O	AN	1/30	Situational
		Description: Revision level of a particular format, program, technique or algorithm					
		Industry: <i>Version, Release, or Industry Identifier</i>					
HI09	C022	Health Care Code Information		O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities					
1270		Code List Qualifier Code		M	ID	1/3	Required
		Description: Code identifying a specific industry code list					
		<u>Code</u>	<u>Name</u>				
		BO	Health Care Financing Administration Common Procedural Coding System				
		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		JP	National Standard Tooth Numbering System				
		ABR	Assigned by Receiver				
		NDC	National Drug Code (NDC)				
1271		Industry Code		M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list					
		Industry: <i>Procedure Code</i>					
		<u>ExternalCodeList</u>					
		Name: 130					
		Description: Health Care Financing Administration Common Procedural Coding System					
		<u>ExternalCodeList</u>					
		Name: 131					
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
		<u>ExternalCodeList</u>					
		Name: 132					
		Description: National Uniform Billing Committee (NUBC) codes					
		<u>ExternalCodeList</u>					
		Name: 134					
		Description: National Drug Code					
		<u>ExternalCodeList</u>					
		Name: 135					
		Description: American Dental Association Codes					
		<u>ExternalCodeList</u>					
		Name: 240					
		Description: National Drug Code by Format					
1250		Date Time Period Format Qualifier		C	ID	2/3	Situational
		Description: Code indicating the date format, time format, or date and time format					
		<u>Code</u>	<u>Name</u>				
		D8	Date Expressed in Format CCYYMMDD				
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251		Date Time Period		C	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times					
		Industry: <i>Procedure Date</i>					
782		Monetary Amount		O	R	1/18	Situational

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		Description: Monetary amount				
		Industry: <i>Procedure Monetary Amount</i>				
		Nebraska Medicaid Directive: <i>Submit usual and customary charge.</i>				
380		Quantity	O	R	1/15	Situational
		Description: Numeric value of quantity				
		Industry: <i>Procedure Quantity</i>				
799		Version Identifier	O	AN	1/30	Situational
		Description: Revision level of a particular format, program, technique or algorithm				
		Industry: <i>Version, Release, or Industry Identifier</i>				
HI10	C022	Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities				
1270		Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code	Name			
		BO	Health Care Financing Administration Common Procedural Coding System			
		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure			
		JP	National Standard Tooth Numbering System			
		ABR	Assigned by Receiver			
		NDC	National Drug Code (NDC)			
1271		Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: <i>Procedure Code</i>				
		ExternalCodeList				
		Name: 130				
		Description: Health Care Financing Administration Common Procedural Coding System				
		ExternalCodeList				
		Name: 131				
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUBC) codes				
		ExternalCodeList				
		Name: 134				
		Description: National Drug Code				
		ExternalCodeList				
		Name: 135				
		Description: American Dental Association Codes				
		ExternalCodeList				
		Name: 240				
		Description: National Drug Code by Format				
1250		Date Time Period Format Qualifier	C	ID	2/3	Situational
		Description: Code indicating the date format, time format, or date and time format				
		Code	Name			
		D8	Date Expressed in Format CCYYMMDD			
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
1251		Date Time Period	C	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: <i>Procedure Date</i>				
782		Monetary Amount	O	R	1/18	Situational
		Description: Monetary amount				
		Industry: <i>Procedure Monetary Amount</i>				
		Nebraska Medicaid Directive: <i>Submit usual and customary charge.</i>				
380		Quantity	O	R	1/15	Situational
		Description: Numeric value of quantity				
		Industry: <i>Procedure Quantity</i>				
799		Version Identifier	O	AN	1/30	Situational
		Description: Revision level of a particular format, program, technique or algorithm				

HI11	C022	Industry: Version, Release, or Industry Identifier Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure JP National Standard Tooth Numbering System ABR Assigned by Receiver NDC National Drug Code (NDC)				
	1271	Industry Code Description: Code indicating a code from a specific industry code list	M	AN	1/30	Required
		Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes ExternalCodeList Name: 134 Description: National Drug Code ExternalCodeList Name: 135 Description: American Dental Association Codes ExternalCodeList Name: 240 Description: National Drug Code by Format				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Situational
		Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Situational
		Industry: Procedure Date				
	782	Monetary Amount Description: Monetary amount Industry: Procedure Monetary Amount Nebraska Medicaid Directive: <i>Submit usual and customary charge.</i>	O	R	1/18	Situational
HI12	380	Quantity Description: Numeric value of quantity Industry: Procedure Quantity	O	R	1/15	Situational
	799	Version Identifier Description: Revision level of a particular format, program, technique or algorithm Industry: Version, Release, or Industry Identifier	O	AN	1/30	Situational
	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				

	JP	National Standard Tooth Numbering System				
	ABR	Assigned by Receiver				
	NDC	National Drug Code (NDC)				
1271	Industry Code		M	AN	1/30	Required
	Description: Code indicating a code from a specific industry code list					
	Industry: <i>Procedure Code</i>					
	ExternalCodeList					
	Name: 130					
	Description: Health Care Financing Administration Common Procedural Coding System					
	ExternalCodeList					
	Name: 131					
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	ExternalCodeList					
	Name: 132					
	Description: National Uniform Billing Committee (NUBC) codes					
	ExternalCodeList					
	Name: 134					
	Description: National Drug Code					
	ExternalCodeList					
	Name: 135					
	Description: American Dental Association Codes					
	ExternalCodeList					
	Name: 240					
	Description: National Drug Code by Format					
1250	Date Time Period Format Qualifier		C	ID	2/3	Situational
	Description: Code indicating the date format, time format, or date and time format					
	Code	Name				
	D8	Date Expressed in Format CCYYMMDD				
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251	Date Time Period		C	AN	1/35	Situational
	Description: Expression of a date, a time, or range of dates, times or dates and times					
	Industry: <i>Procedure Date</i>					
782	Monetary Amount		O	R	1/18	Situational
	Description: Monetary amount					
	Industry: <i>Procedure Monetary Amount</i>					
	Nebraska Medicaid Directive: <i>Submit usual and customary charge.</i>					
380	Quantity		O	R	1/15	Situational
	Description: Numeric value of quantity					
	Industry: <i>Procedure Quantity</i>					
799	Version Identifier		O	AN	1/30	Situational
	Description: Revision level of a particular format, program, technique or algorithm					
	Industry: <i>Version, Release, or Industry Identifier</i>					

HSD Health Care Services Delivery

Loop: 2000F

Elements: 8

User Option (Usage): Situational

To specify the delivery pattern of health care services

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage																
HSD01	673	Quantity Qualifier Description: Code specifying the type of quantity <table><tr><th>Code</th><th>Name</th></tr><tr><td>DY</td><td>Days</td></tr><tr><td>FL</td><td>Units</td></tr><tr><td>HS</td><td>Hours</td></tr><tr><td>MN</td><td>Month</td></tr><tr><td>VS</td><td>Visits</td></tr></table>	Code	Name	DY	Days	FL	Units	HS	Hours	MN	Month	VS	Visits	C	ID	2/2	Situational				
Code	Name																					
DY	Days																					
FL	Units																					
HS	Hours																					
MN	Month																					
VS	Visits																					
HSD02	380	Quantity Description: Numeric value of quantity Industry: <i>Service Unit Count</i>	C	R	1/15	Situational																
HSD03	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken <table><tr><th>Code</th><th>Name</th></tr><tr><td>DA</td><td>Days</td></tr><tr><td>MO</td><td>Months</td></tr><tr><td>WK</td><td>Week</td></tr></table>	Code	Name	DA	Days	MO	Months	WK	Week	O	ID	2/2	Situational								
Code	Name																					
DA	Days																					
MO	Months																					
WK	Week																					
HSD04	1167	Sample Selection Modulus Description: To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes	O	R	1/6	Situational																
HSD05	615	Time Period Qualifier Description: Code defining periods <table><tr><th>Code</th><th>Name</th></tr><tr><td>6</td><td>Hour</td></tr><tr><td>7</td><td>Day</td></tr><tr><td>21</td><td>Years</td></tr><tr><td>26</td><td>Episode</td></tr><tr><td>27</td><td>Visit</td></tr><tr><td>34</td><td>Month</td></tr><tr><td>35</td><td>Week</td></tr></table>	Code	Name	6	Hour	7	Day	21	Years	26	Episode	27	Visit	34	Month	35	Week	C	ID	1/2	Situational
Code	Name																					
6	Hour																					
7	Day																					
21	Years																					
26	Episode																					
27	Visit																					
34	Month																					
35	Week																					
HSD06	616	Number of Periods Description: Total number of periods Industry: <i>Period Count</i>	O	N0	1/3	Situational																
HSD07	678	Ship/Delivery or Calendar Pattern Code Description: Code which specifies the routine shipments, deliveries, or calendar pattern Industry: <i>Ship, Delivery or Calendar Pattern Code</i> All valid standard codes are used.	O	ID	1/2	Situational																
HSD08	679	Ship/Delivery Pattern Time Code Description: Code which specifies the time for routine shipments or deliveries Industry: <i>Delivery Pattern Time Code</i> <table><tr><th>Code</th><th>Name</th></tr></table>	Code	Name	O	ID	1/1	Situational														
Code	Name																					

A	1st Shift (Normal Working Hours)
B	2nd Shift
C	3rd Shift
D	A.M.
E	P.M.
F	As Directed
G	Any Shift
Y	None (Also Used to Cancel or Override a Previous Pattern)

CRC Patient Condition Information

Loop: 2000F

Elements: 7

User Option (Usage): Situational

To supply information on conditions

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage														
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies <table><tr><th>Code</th><th>Name</th></tr><tr><td>07</td><td>Ambulance Certification</td></tr><tr><td>08</td><td>Chiropractic Certification</td></tr><tr><td>11</td><td>Oxygen Therapy Certification</td></tr><tr><td>75</td><td>Functional Limitations</td></tr><tr><td>76</td><td>Activities Permitted</td></tr><tr><td>77</td><td>Mental Status</td></tr></table>	Code	Name	07	Ambulance Certification	08	Chiropractic Certification	11	Oxygen Therapy Certification	75	Functional Limitations	76	Activities Permitted	77	Mental Status	M	ID	2/2	Required
Code	Name																			
07	Ambulance Certification																			
08	Chiropractic Certification																			
11	Oxygen Therapy Certification																			
75	Functional Limitations																			
76	Activities Permitted																			
77	Mental Status																			
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Certification Condition Indicator</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>	Code	Name	N	No	Y	Yes	M	ID	1/1	Required								
Code	Name																			
N	No																			
Y	Yes																			
CRC03	1321	Condition Indicator Description: Code indicating a condition Industry: <i>Condition Code</i> All valid standard codes are used.	M	ID	2/2	Required														
CRC04	1321	Condition Indicator Description: Code indicating a condition Industry: <i>Condition Code</i> All valid standard codes are used.	O	ID	2/2	Situational														
CRC05	1321	Condition Indicator Description: Code indicating a condition Industry: <i>Condition Code</i> All valid standard codes are used.	O	ID	2/2	Situational														
CRC06	1321	Condition Indicator Description: Code indicating a condition Industry: <i>Condition Code</i> All valid standard codes are used.	O	ID	2/2	Situational														
CRC07	1321	Condition Indicator Description: Code indicating a condition Industry: <i>Condition Code</i> All valid standard codes are used.	O	ID	2/2	Situational														

CL1 Institutional Claim Code

Loop: 2000F

Elements: 4

User Option (Usage): Situational

To supply information specific to hospital claims

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CL101	1315	Admission Type Code Description: Code indicating the priority of this admission ExternalCodeList Name: 231	O	ID	1/1	Situational
CL102	1314	Description: Admission Type Code Admission Source Code Description: Code indicating the source of this admission ExternalCodeList Name: 230	O	ID	1/1	Situational
CL103	1352	Description: Admission Source Code Patient Status Code Description: Code indicating patient status as of the "statement covers through date" ExternalCodeList Name: 239	O	ID	1/2	Situational
CL104	1345	Description: Patient Status Code Nursing Home Residential Status Code Description: Code specifying the status of a nursing home resident at the time of service All valid standard codes are used.	O	ID	1/1	Situational

CR6 Home Health Care Information

Loop: 2000F

Elements: 16

User Option (Usage): Situational

To supply information related to the certification of a home health care patient

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CR601	923	Prognosis Code Description: Code indicating physician's prognosis for the patient All valid standard codes are used.	M	ID	1/1	Required
CR602	373	Date Description: Date expressed as CCYYMMDD Industry: Service From Date	M	DT	8/8	Required
CR603	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Situational
CR604	1251	Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Home Health Certification Period	C	AN	1/35	Situational
CR606	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Skilled Nursing Facility Indicator	O	ID	1/1	Required
CR607	1073	Code Name N No U Unknown Y Yes Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Medicare Coverage Indicator	M	ID	1/1	Required
CR608	1322	Code Name N No U Unknown Y Yes Certification Type Code Description: Code indicating the type of certification Code Name 1 Appeal - Immediate 2 Appeal - Standard 3 Cancel 4 Extension I Initial R Renewal S Revised	M	ID	1/1	Required
CR609	373	Date Description: Date expressed as CCYYMMDD Industry: Surgery Date	C	DT	8/8	Situational
CR610	235	Product/Service ID Qualifier	C	ID	2/2	Situational

CR611	1137	Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)	C	AN	1/15	Situational
		Industry: <i>Product or Service ID Qualifier</i>				
		Medical Code Value				
		Description: Code value for describing a medical condition or procedure				
		Industry: <i>Surgical Procedure Code</i>				
CR612	373	ExternalCodeList	O	DT	8/8	Situational
		Name: 130				
		Description: Health Care Financing Administration Common Procedural Coding System				
		ExternalCodeList				
		Name: 131				
CR613	373	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	O	DT	8/8	Situational
		Date				
		Description: Date expressed as CCYYMMDD				
		Industry: <i>Physician Order Date</i>				
		Date				
CR614	373	Description: Date expressed as CCYYMMDD	O	DT	8/8	Situational
		Industry: <i>Last Visit Date</i>				
		Date				
		Description: Date expressed as CCYYMMDD				
		Industry: <i>Physician Contact Date</i>				
CR615	1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
		Description: Code indicating the date format, time format, or date and time format				
		Code				
		Name				
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
CR616	1251	Date Time Period	C	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: <i>Last Admission Period</i>				
		Patient Location Code				
		Description: Code identifying the location where patient is receiving medical treatment				
CR617	1384	Industry: <i>Patient Discharge Facility Type Code</i>	C	ID	1/1	Situational
		All valid standard codes are used.				

PWK Additional Service Information

Loop: 2000F

Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Nebraska Medicaid Directive:

Required when a paper attachment is required by NE Medicaid. Refer to policy. If the necessary attachments are not included, a response will be sent back with "Not certified: HCR01 = 'A3' & HCR03 = '90' "Requested Information not Received".

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PWK01	755	Report Type Code	M	ID	2/2	Required
		Description: Code indicating the title or contents of a document, report or supporting item				
		Industry: Attachment Report Type Code				
		<u>Code</u> <u>Name</u>				
		03 Report Justifying Treatment Beyond Utilization Guidelines				
		04 Drugs Administered				
		05 Treatment Diagnosis				
		06 Initial Assessment				
		07 Functional Goals				
		08 Plan of Treatment				
		09 Progress Report				
		10 Continued Treatment				
		11 Chemical Analysis				
		13 Certified Test Report				
		15 Justification for Admission				
		21 Recovery Plan				
		48 Social Security Benefit Letter				
		55 Rental Agreement				
		59 Benefit Letter				
		77 Support Data for Verification				
		A3 Allergies/Sensitivities Document				
		A4 Autopsy Report				
		AM Ambulance Certification				
		AS Admission Summary				
		AT Purchase Order Attachment				
		B2 Prescription				
		B3 Physician Order				
		BR Benchmark Testing Results				
		BS Baseline				
		BT Blanket Test Results				
		CB Chiropractic Justification				
		CK Consent Form(s)				
		D2 Drug Profile Document				
		DA Dental Models				
		DB Durable Medical Equipment Prescription				
		DG Diagnostic Report				
		DJ Discharge Monitoring Report				
		DS Discharge Summary				
		FM Family Medical History Document				
		HC Health Certificate				
		HR Health Clinic Records				
		I5 Immunization Record				
		IR State School Immunization Records				
		LA Laboratory Results				

		M1	Medical Record Attachment				
		NN	Nursing Notes				
		OB	Operative Note				
		OC	Oxygen Content Averaging Report				
		OD	Orders and Treatments Document				
		OE	Objective Physical Examination (including vital signs) Document				
		OX	Oxygen Therapy Certification				
		P4	Pathology Report				
		P5	Patient Medical History Document				
		P6	Periodontal Charts				
		P7	Periodontal Reports				
		PE	Parenteral or Enteral Certification				
		PN	Physical Therapy Notes				
		PO	Prosthetics or Orthotic Certification				
		PQ	Paramedical Results				
		PY	Physician's Report				
		PZ	Physical Therapy Certification				
		QC	Cause and Corrective Action Report				
		QR	Quality Report				
		RB	Radiology Films				
		RR	Radiology Reports				
		RT	Report of Tests and Analysis Report				
		RX	Renewable Oxygen Content Averaging Report				
		SG	Symptoms Document				
		V5	Death Notification				
		XP	Photographs				
PWK02	756	Report Transmission Code		O	ID	1/2	Required
		Description: Code defining timing, transmission method or format by which reports are to be sent					
		Industry: Attachment Transmission Code					
		Code	Name				
		AA	Available on Request at Provider Site				
		BM	By Mail				
		EL	Electronically Only				
		EM	E-Mail				
		FX	By Fax				
		VO	Voice				
PWK05	66	Identification Code Qualifier		X	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67)					
		Code	Name				
		AC	Attachment Control Number				
PWK06	67	Identification Code		X	AN	2/80	Situational
		Description: Code identifying a party or other code					
		Industry: Attachment Control Number					
		Nebraska Medicaid Directive: Refer to Appendix A, Paperwork/Attachment Guidelines.					
PWK07	352	Description		O	AN	1/80	Situational
		Description: A free-form description to clarify the related data elements and their content					
		Industry: Attachment Description					

MSG Message Text

Loop: 2000F

Elements: 1

User Option (Usage): Situational

To provide a free-form format that allows the transmission of text information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
MSG01	933	Free-Form Message Text Description: Free-form message text Industry: <i>Free Form Message Text</i> Nebraska Medicaid Directive: <i>Refer to Appendix C, Nebraska Medicaid Workarounds.</i>	M	AN	1/264	Required

SE

Transaction Set Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: <i>Transaction Segment Count</i>	M	N0	1/10	Required
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

GE**Functional Group Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	N0	1/9	Required

IEA**Interchange Control Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	Interchange Control Number Description: A control number assigned by the interchange sender	M	N0	9/9	Required

278**Health Care Services Review - Response
to Request for Review****Functional Group=HI**

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

Not Defined:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	ISA	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

Heading:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
010	ST	Transaction Set Header	1		Required
020	BHT	Beginning of Hierarchical Transaction	1		Required

Detail:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
LOOP ID - 2000A				1	
010	HL	Utilization Management Organization (UMO) Level	1		Required
030	AAA	Request Validation	9		Used
LOOP ID - 2010A				1	
170	NM1	Utilization Management Organization (UMO) Name	1		Required
220	PER	Utilization Management Organization (UMO) Contact Information	1		Used
230	AAA	Utilization Management Organization (UMO) Request Validation	9		Used
LOOP ID - 2000B				1	
010	HL	Requester Level	1		Required
LOOP ID - 2010B				1	
170	NM1	Requester Name	1		Required
180	REF	Requester Supplemental Identification	8		Used
230	AAA	Requester Request Validation	9		Used
240	PRV	Requester Provider Information	1		Used
LOOP ID - 2000C				1	
010	HL	Subscriber Level	1		Required
020	TRN	Patient Event Tracking Number	3		Used
030	AAA	Subscriber Request Validation	9		Used
070	DTP	Accident Date	1		Used
070	DTP	Last Menstrual Period Date	1		Used
070	DTP	Estimated Date of Birth	1		Used
070	DTP	Onset of Current Symptoms or Illness Date	1		Used

080	HI	Subscriber Diagnosis	1		Used
155	PWK	Additional Patient Information	10		Used
LOOP ID - 2010CA				1	
170	NM1	Subscriber Name	1		Required
180	REF	Subscriber Supplemental Identification	9		Used
230	AAA	Subscriber Request Validation	9		Used
250	DMG	Subscriber Demographic Information	1		Used
LOOP ID - 2010CB				1	
170	NM1	Additional Patient Information Contact Name	1		Used
200	N3	Additional Patient Information Contact Address	1		Used
210	N4	Additional Patient Information Contact City/State/Zip Code	1		Used
220	PER	Additional Patient Information Contact Information	1		Used
LOOP ID - 2000D				1	
010	HL	Dependent Level	1		Not Used
020	TRN	Patient Event Tracking Number	3		Not Used
030	AAA	Dependent Request Validation	9		Not Used
070	DTP	Accident Date	1		Not Used
070	DTP	Last Menstrual Period Date	1		Not Used
070	DTP	Estimated Date of Birth	1		Not Used
070	DTP	Onset of Current Symptoms or Illness Date	1		Not Used
080	HI	Dependent Diagnosis	1		Not Used
155	PWK	Additional Patient Information	10		Not Used
LOOP ID - 2010DA				1	
170	NM1	Dependent Name	1		Not Used
180	REF	Dependent Supplemental Identification	3		Not Used
230	AAA	Dependent Request Validation	9		Not Used
250	DMG	Dependent Demographic Information	1		Not Used
260	INS	Dependent Relationship	1		Not Used
LOOP ID - 2010DB				1	
170	NM1	Additional Patient Information Contact Name	1		Not Used
200	N3	Additional Patient Information Contact Address	1		Not Used
210	N4	Additional Patient Information Contact City/State/Zip Code	1		Not Used
220	PER	Additional Patient Information Contact Information	1		Not Used
LOOP ID - 2000E				>1	
010	HL	Service Provider Level	1		Required
160	MSG	Message Text	1		Used
LOOP ID - 2010E				3	
170	NM1	Service Provider Name	1		Required
180	REF	Service Provider Supplemental Identification	7		Used
200	N3	Service Provider Address	1		Used
210	N4	Service Provider City/State/ZIP Code	1		Used
220	PER	Service Provider Contact Information	1		Used
230	AAA	Service Provider Request Validation	9		Used
240	PRV	Service Provider Information	1		Used
LOOP ID - 2000F				>1	
010	HL	Service Level	1		Required

020	TRN	Service Trace Number	3	Used
030	AAA	Service Request Validation	9	Used
040	UM	Health Care Services Review Information	1	Required
050	HCR	Health Care Services Review	1	Used
060	REF	Previous Certification Identification	1	Used
070	DTP	Service Date	1	Used
070	DTP	Admission Date	1	Used
070	DTP	Discharge Date	1	Used
070	DTP	Surgery Date	1	Used
070	DTP	Certification Issue Date	1	Used
070	DTP	Certification Expiration Date	1	Used
070	DTP	Certification Effective Date	1	Used
080	HI	Procedures	1	Used
090	HSD	Health Care Services Delivery	1	Used
110	CL1	Institutional Claim Code	1	Used
120	CR1	Ambulance Transport Information	1	Not Used
130	CR2	Spinal Manipulation Service Information	1	Not Used
140	CR5	Home Oxygen Therapy Information	1	Not Used
150	CR6	Home Health Care Information	1	Used
155	PWK	Additional Service Information	10	Used
160	MSG	Message Text	1	Used
LOOP ID - 2010F			1	
170	NM1	Additional Service Information Contact Name	1	Used
200	N3	Additional Service Information Contact Address	1	Used
210	N4	Additional Service Information Contact City/State/Zip Code	1	Used
220	PER	Additional Service Information Contact Information	1	Used
280	SE	Transaction Set Trailer	1	Required

Not Defined:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

ISA

Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information <u>Code</u> <u>Name</u> 00 No Authorization Information Present (No Meaningful Information in I02) 03 Additional Data Identification	M	ID	2/2	Required
ISA02	I02	Authorization Information Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M	AN	10/10	Required
ISA03	I03	Security Information Qualifier Description: Code to identify the type of information in the Security Information <u>Code</u> <u>Name</u> 00 No Security Information Present (No Meaningful Information in I04) 01 Password	M	ID	2/2	Required
ISA04	I04	Security Information Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M	AN	10/10	Required
ISA05	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified <u>Code</u> <u>Name</u> 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined	M	ID	2/2	Required
ISA06	I06	Interchange Sender ID Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element	M	AN	15/15	Required
ISA07	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified <u>Code</u> <u>Name</u> 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix	M	ID	2/2	Required

		20	Health Industry Number (HIN)				
		27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)				
		28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)				
		29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)				
		30	U.S. Federal Tax Identification Number				
		33	National Association of Insurance Commissioners Company Code (NAIC)				
		ZZ	Mutually Defined				
ISA08	I07		Interchange Receiver ID Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them	M	AN	15/15	Required
ISA09	I08		Interchange Date Description: Date of the interchange	M	DT	6/6	Required
ISA10	I09		Interchange Time Description: Time of the interchange	M	TM	4/4	Required
ISA11	I10		Interchange Control Standards Identifier Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer All valid standard codes are used.	M	ID	1/1	Required
ISA12	I11		Interchange Control Version Number Description: Code specifying the version number of the interchange control segments Code Name 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	M	ID	5/5	Required
ISA13	I12		Interchange Control Number Description: A control number assigned by the interchange sender	M	N0	9/9	Required
ISA14	I13		Acknowledgment Requested Description: Code sent by the sender to request an interchange acknowledgment (TA1) All valid standard codes are used.	M	ID	1/1	Required
ISA15	I14		Usage Indicator Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information Code Name P Production Data T Test Data	M	ID	1/1	Required
ISA16	I15		Component Element Separator Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator	M		1/1	Required

GS**Functional Group Header**

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets	M	ID	2/2	Required
		Code Name HI Health Care Services Review Information (278)				
GS02	142	Application Sender's Code Description: Code identifying party sending transmission; codes agreed to by trading partners	M	AN	2/15	Required
GS03	124	Application Receiver's Code Description: Code identifying party receiving transmission; codes agreed to by trading partners	M	AN	2/15	Required
GS04	373	Date Description: Date expressed as CCYYMMDD	M	DT	8/8	Required
GS05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	M	TM	4/8	Required
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	N0	1/9	Required
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480	M	ID	1/2	Required
		Code Name X Accredited Standards Committee X12				
GS08	480	Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed	M	AN	1/12	Required
		Code Name 004010 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997				
		004010X061A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
		004010X091A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
		004010X092A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.				
		004010X093A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through				

- October 1997, as published in this implementation guide.
- 004010X094A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
- 004010X095A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
- 004010X096A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
- 004010X097A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
- 004010X098A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

ST

Transaction Set Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set	M	ID	3/3	Required
		Code Name 278 Health Care Services Review Information				
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

BHT

Beginning of Hierarchical Transaction

Loop: N/A

Elements: 6

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BHT01	1005	Hierarchical Structure Code Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	M	ID	4/4	Required
		<u>Code</u> <u>Name</u> 0078 Information Source, Information Receiver, Subscriber, Dependent, Provider of Service, Services				
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set	M	ID	2/2	Required
		<u>Code</u> <u>Name</u> 11 Response				
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O	AN	1/30	Required
		Industry: <i>Submitter Transaction Identifier</i>				
BHT04	373	Date Description: Date expressed as CCYYMMDD	O	DT	8/8	Required
		Industry: <i>Transaction Set Creation Date</i>				
BHT05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	O	TM	4/8	Required
		Industry: <i>Transaction Set Creation Time</i>				
BHT06	640	Transaction Type Code Description: Code specifying the type of transaction	O	ID	2/2	Situational
		<u>Code</u> <u>Name</u> 18 Response - No Further Updates to Follow 19 Response - Further Updates to Follow AT Administrative Action				

HL

Utilization Management Organization (UMO) Level

Loop: 2000A

Elements: 3

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		Code Name 20 Information Source				
		Code Name 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

AAA

Request Validation

Loop: 2000A

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>										
AAA01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Valid Request Indicator</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>	<u>Code</u>	<u>Name</u>	N	No	Y	Yes	M	ID	1/1	Required				
<u>Code</u>	<u>Name</u>															
N	No															
Y	Yes															
AAA03	901	Reject Reason Code Description: Code assigned by issuer to identify reason for rejection <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>04</td><td>Authorized Quantity Exceeded</td></tr><tr><td>41</td><td>Authorization/Access Restrictions</td></tr><tr><td>42</td><td>Unable to Respond at Current Time</td></tr><tr><td>79</td><td>Invalid Participant Identification</td></tr></table>	<u>Code</u>	<u>Name</u>	04	Authorized Quantity Exceeded	41	Authorization/Access Restrictions	42	Unable to Respond at Current Time	79	Invalid Participant Identification	O	ID	2/2	Required
<u>Code</u>	<u>Name</u>															
04	Authorized Quantity Exceeded															
41	Authorization/Access Restrictions															
42	Unable to Respond at Current Time															
79	Invalid Participant Identification															
AAA04	889	Follow-up Action Code Description: Code identifying follow-up actions allowed <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>C</td><td>Please Correct and Resubmit</td></tr><tr><td>N</td><td>Resubmission Not Allowed</td></tr><tr><td>P</td><td>Please Resubmit Original Transaction</td></tr><tr><td>Y</td><td>Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly</td></tr></table>	<u>Code</u>	<u>Name</u>	C	Please Correct and Resubmit	N	Resubmission Not Allowed	P	Please Resubmit Original Transaction	Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	O	ID	1/1	Required
<u>Code</u>	<u>Name</u>															
C	Please Correct and Resubmit															
N	Resubmission Not Allowed															
P	Please Resubmit Original Transaction															
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly															

NM1

Utilization Management Organization (UMO) Name

Loop: 2010A

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name X3 Utilization Management Organization	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Utilization Management Organization (UMO) Last or Organization Name</i>	O	AN	1/35	Situational
NM104	1036	Name First Description: Individual first name Industry: <i>Utilization Management Organization (UMO) First Name</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Utilization Management Organization (UMO) Middle Name</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Utilization Management Organization (UMO) Name Suffix</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID) XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Utilization Management Organization (UMO) Identifier</i> ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier ExternalCodeList Name: 540 Description: Health Care Financing Administration National Plan ID	C	AN	2/80	Required

PER Utilization Management Organization (UMO) Contact Information

Loop: 2010A

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named Code Name IC Information Contact	M	ID	2/2	Required
PER02	93	Name Description: Free-form name Industry: <i>Utilization Management Organization (UMO) Contact Name</i>	O	AN	1/60	Situational
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail FX Facsimile TE Telephone	C	ID	2/2	Situational
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Utilization Management Organization (UMO) Contact Communication Number</i>	C	AN	1/80	Situational
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	C	ID	2/2	Situational
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Utilization Management Organization (UMO) Contact Communication Number</i>	C	AN	1/80	Situational
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	C	ID	2/2	Situational
PER08	364	Communication Number	C	AN	1/80	Situational

Description: Complete communications number including country or area code when applicable

Industry: *Utilization Management Organization (UMO) Contact Communication Number*

AAA

Utilization Management Organization (UMO) Request Validation

Loop: 2010A

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AAA01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Valid Request Indicator</i>	M	ID	1/1	Required
		Code Name N No Y Yes				
AAA03	901	Reject Reason Code Description: Code assigned by issuer to identify reason for rejection	O	ID	2/2	Situational
		Code Name 04 Authorized Quantity Exceeded 41 Authorization/Access Restrictions 42 Unable to Respond at Current Time 79 Invalid Participant Identification 80 No Response received - Transaction Terminated T4 Payer Name or Identifier Missing				
AAA04	889	Follow-up Action Code Description: Code identifying follow-up actions allowed	O	ID	1/1	Situational
		Code Name N Resubmission Not Allowed P Please Resubmit Original Transaction Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly				

HL

Requester Level

Loop: 2000B

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	Code Name 21 Information Receiver	O	ID	1/1	Required
		Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described				
		Code Name 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

NM1

Requester Name

Loop: 2010B

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage										
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <table><tr><th>Code</th><th>Name</th></tr><tr><td>1P</td><td>Provider</td></tr><tr><td>FA</td><td>Facility</td></tr></table>	Code	Name	1P	Provider	FA	Facility	M	ID	2/3	Required				
Code	Name															
1P	Provider															
FA	Facility															
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <table><tr><th>Code</th><th>Name</th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	Code	Name	1	Person	2	Non-Person Entity	M	ID	1/1	Required				
Code	Name															
1	Person															
2	Non-Person Entity															
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name <i>Industry: Requester Last or Organization Name</i>	O	AN	1/35	Situational										
NM104	1036	Name First Description: Individual first name <i>Industry: Requester First Name</i>	O	AN	1/25	Situational										
NM105	1037	Name Middle Description: Individual middle name or initial <i>Industry: Requester Middle Name</i>	O	AN	1/25	Situational										
NM107	1039	Name Suffix Description: Suffix to individual name <i>Industry: Requester Name Suffix</i>	O	AN	1/10	Situational										
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <table><tr><th>Code</th><th>Name</th></tr><tr><td>24</td><td>Employer's Identification Number</td></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr><tr><td>XX</td><td>Health Care Financing Administration National Provider Identifier</td></tr></table>	Code	Name	24	Employer's Identification Number	34	Social Security Number	46	Electronic Transmitter Identification Number (ETIN)	XX	Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
Code	Name															
24	Employer's Identification Number															
34	Social Security Number															
46	Electronic Transmitter Identification Number (ETIN)															
XX	Health Care Financing Administration National Provider Identifier															
NM109	67	Identification Code Description: Code identifying a party or other code <i>Industry: Requester Identifier</i> ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier	C	AN	2/80	Required										

REF

Requester Supplemental Identification

Loop: 2010B

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage																		
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table><thead><tr><th>Code</th><th>Name</th></tr></thead><tbody><tr><td>1G</td><td>Provider UPIN Number</td></tr><tr><td>1J</td><td>Facility ID Number</td></tr><tr><td>CT</td><td>Contract Number</td></tr><tr><td>EI</td><td>Employer's Identification Number</td></tr><tr><td>N5</td><td>Provider Plan Network Identification Number</td></tr><tr><td>N7</td><td>Facility Network Identification Number</td></tr><tr><td>SY</td><td>Social Security Number</td></tr><tr><td>ZH</td><td>Carrier Assigned Reference Number</td></tr></tbody></table>	Code	Name	1G	Provider UPIN Number	1J	Facility ID Number	CT	Contract Number	EI	Employer's Identification Number	N5	Provider Plan Network Identification Number	N7	Facility Network Identification Number	SY	Social Security Number	ZH	Carrier Assigned Reference Number	M	ID	2/3	Required
Code	Name																							
1G	Provider UPIN Number																							
1J	Facility ID Number																							
CT	Contract Number																							
EI	Employer's Identification Number																							
N5	Provider Plan Network Identification Number																							
N7	Facility Network Identification Number																							
SY	Social Security Number																							
ZH	Carrier Assigned Reference Number																							
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Requester Supplemental Identifier</i>	C	AN	1/30	Required																		

AAA

Requester Request Validation

Loop: 2010B

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																										
AAA01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Valid Request Indicator</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>	<u>Code</u>	<u>Name</u>	N	No	Y	Yes	M	ID	1/1	Required																				
<u>Code</u>	<u>Name</u>																															
N	No																															
Y	Yes																															
AAA03	901	Reject Reason Code Description: Code assigned by issuer to identify reason for rejection <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>35</td><td>Out of Network</td></tr><tr><td>41</td><td>Authorization/Access Restrictions</td></tr><tr><td>43</td><td>Invalid/Missing Provider Identification</td></tr><tr><td>44</td><td>Invalid/Missing Provider Name</td></tr><tr><td>45</td><td>Invalid/Missing Provider Specialty</td></tr><tr><td>46</td><td>Invalid/Missing Provider Phone Number</td></tr><tr><td>47</td><td>Invalid/Missing Provider State</td></tr><tr><td>49</td><td>Provider is Not Primary Care Physician</td></tr><tr><td>50</td><td>Provider Ineligible for Inquiries</td></tr><tr><td>51</td><td>Provider Not on File</td></tr><tr><td>79</td><td>Invalid Participant Identification</td></tr><tr><td>97</td><td>Invalid or Missing Provider Address</td></tr></table>	<u>Code</u>	<u>Name</u>	35	Out of Network	41	Authorization/Access Restrictions	43	Invalid/Missing Provider Identification	44	Invalid/Missing Provider Name	45	Invalid/Missing Provider Specialty	46	Invalid/Missing Provider Phone Number	47	Invalid/Missing Provider State	49	Provider is Not Primary Care Physician	50	Provider Ineligible for Inquiries	51	Provider Not on File	79	Invalid Participant Identification	97	Invalid or Missing Provider Address	O	ID	2/2	Situational
<u>Code</u>	<u>Name</u>																															
35	Out of Network																															
41	Authorization/Access Restrictions																															
43	Invalid/Missing Provider Identification																															
44	Invalid/Missing Provider Name																															
45	Invalid/Missing Provider Specialty																															
46	Invalid/Missing Provider Phone Number																															
47	Invalid/Missing Provider State																															
49	Provider is Not Primary Care Physician																															
50	Provider Ineligible for Inquiries																															
51	Provider Not on File																															
79	Invalid Participant Identification																															
97	Invalid or Missing Provider Address																															
AAA04	889	Follow-up Action Code Description: Code identifying follow-up actions allowed <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>C</td><td>Please Correct and Resubmit</td></tr><tr><td>N</td><td>Resubmission Not Allowed</td></tr><tr><td>R</td><td>Resubmission Allowed</td></tr></table>	<u>Code</u>	<u>Name</u>	C	Please Correct and Resubmit	N	Resubmission Not Allowed	R	Resubmission Allowed	O	ID	1/1	Situational																		
<u>Code</u>	<u>Name</u>																															
C	Please Correct and Resubmit																															
N	Resubmission Not Allowed																															
R	Resubmission Allowed																															

PRV

Requester Provider Information

Loop: 2010B

Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																								
PRV01	1221	Provider Code Description: Code identifying the type of provider <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>AD</td><td>Admitting</td></tr><tr><td>AS</td><td>Assistant Surgeon</td></tr><tr><td>AT</td><td>Attending</td></tr><tr><td>CO</td><td>Consulting</td></tr><tr><td>CV</td><td>Covering</td></tr><tr><td>OP</td><td>Operating</td></tr><tr><td>OR</td><td>Ordering</td></tr><tr><td>OT</td><td>Other Physician</td></tr><tr><td>PC</td><td>Primary Care Physician</td></tr><tr><td>PE</td><td>Performing</td></tr><tr><td>RF</td><td>Referring</td></tr></table>	<u>Code</u>	<u>Name</u>	AD	Admitting	AS	Assistant Surgeon	AT	Attending	CO	Consulting	CV	Covering	OP	Operating	OR	Ordering	OT	Other Physician	PC	Primary Care Physician	PE	Performing	RF	Referring	M	ID	1/3	Required
<u>Code</u>	<u>Name</u>																													
AD	Admitting																													
AS	Assistant Surgeon																													
AT	Attending																													
CO	Consulting																													
CV	Covering																													
OP	Operating																													
OR	Ordering																													
OT	Other Physician																													
PC	Primary Care Physician																													
PE	Performing																													
RF	Referring																													
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	<u>Code</u>	<u>Name</u>	ZZ	Mutually Defined	M	ID	2/3	Required																				
<u>Code</u>	<u>Name</u>																													
ZZ	Mutually Defined																													
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Provider Taxonomy Code</i> ExternalCodeList Name: HCPT Description: Health Care Provider Taxonomy	M	AN	1/30	Required																								

HL

Subscriber Level

Loop: 2000C

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		Code Name 22 Subscriber				
		Code Name 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

TRN Patient Event Tracking Number

Loop: 2000C

Elements: 4

User Option (Usage): Situational

To uniquely identify a transaction to an application

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN01	481	Trace Type Code Description: Code identifying which transaction is being referenced Code Name 1 Current Transaction Trace Numbers 2 Referenced Transaction Trace Numbers	M	ID	1/2	Required
TRN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Patient Event Tracking Number</i>	M	AN	1/30	Required
TRN03	509	Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 Industry: <i>Trace Assigning Entity Number</i>	O	AN	10/10	Required
TRN04	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Trace Assigning Entity Additional Identifier</i>	O	AN	1/30	Situational

AAA**Subscriber Request Validation**

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
AAA01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Valid Request Indicator</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>	<u>Code</u>	<u>Name</u>	N	No	Y	Yes	M	ID	1/1	Required		
<u>Code</u>	<u>Name</u>													
N	No													
Y	Yes													
AAA03	901	Reject Reason Code Description: Code assigned by issuer to identify reason for rejection <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>15</td><td>Required application data missing</td></tr><tr><td>33</td><td>Input Errors</td></tr><tr><td>56</td><td>Inappropriate Date</td></tr></table>	<u>Code</u>	<u>Name</u>	15	Required application data missing	33	Input Errors	56	Inappropriate Date	O	ID	2/2	Situational
<u>Code</u>	<u>Name</u>													
15	Required application data missing													
33	Input Errors													
56	Inappropriate Date													
AAA04	889	Follow-up Action Code Description: Code identifying follow-up actions allowed <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>C</td><td>Please Correct and Resubmit</td></tr><tr><td>N</td><td>Resubmission Not Allowed</td></tr></table>	<u>Code</u>	<u>Name</u>	C	Please Correct and Resubmit	N	Resubmission Not Allowed	O	ID	1/1	Situational		
<u>Code</u>	<u>Name</u>													
C	Please Correct and Resubmit													
N	Resubmission Not Allowed													

DTP**Accident Date**

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 439 Accident				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Accident Date</i>	M	AN	1/35	Required

DTP

Last Menstrual Period Date

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 484 Last Menstrual Period				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Last Menstrual Period Date</i>	M	AN	1/35	Required

DTP

Estimated Date of Birth

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name ABC Estimated Date of Birth				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Estimated Birth Date</i>	M	AN	1/35	Required

DTP

Onset of Current Symptoms or Illness Date

Loop: 2000C

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name 431 Onset of Current Symptoms or Illness	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Onset Date</i>	M	AN	1/35	Required

HI**Subscriber Diagnosis**

Loop: 2000C

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i>	M	ID	1/3	Required
		Code Name BF Diagnosis BJ Admitting Diagnosis BK Principal Diagnosis				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i>	M	AN	1/30	Required
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational
		Code Name BF Diagnosis BJ Admitting Diagnosis				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i>	M	AN	1/30	Required
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i>	M	ID	1/3	Required
		Code Name BF Diagnosis BJ Admitting Diagnosis				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i>	M	AN	1/30	Required
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time	C	ID	2/3	Situational

		format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	Date Time Period	C	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times				
HI03	C022	Industry: <i>Diagnosis Date</i>				
		Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Industry: <i>Diagnosis Type Code</i>				
		<u>Code</u> <u>Name</u>				
		BF Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: <i>Diagnosis Code</i>				
		<u>ExternalCodeList</u>				
		Name: 131				
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
		Description: Code indicating the date format, time format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	Date Time Period	C	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times				
HI04	C022	Industry: <i>Diagnosis Date</i>				
		Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Industry: <i>Diagnosis Type Code</i>				
		<u>Code</u> <u>Name</u>				
		BF Diagnosis				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: <i>Diagnosis Code</i>				
		<u>ExternalCodeList</u>				
		Name: 131				
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
		Description: Code indicating the date format, time format, or date and time format				
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMMDD				
	1251	Date Time Period	C	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times				
HI05	C022	Industry: <i>Diagnosis Date</i>				
		Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Industry: <i>Diagnosis Type Code</i>				
		<u>Code</u> <u>Name</u>				
		BF Diagnosis				

HI06	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i> ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational
	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i> Code Name BF Diagnosis	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i> ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational
	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i> Code Name BF Diagnosis	M	ID	1/3	Required
HI07	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i> ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational

HI08	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i>	M	ID	1/3	Required
		Code Name BF Diagnosis				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i> ExternalCodeList Name: 131	M	AN	1/30	Required
	1250	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational
HI09	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i>	M	ID	1/3	Required
		Code Name BF Diagnosis				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i> ExternalCodeList Name: 131	M	AN	1/30	Required
	1250	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational
HI10	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i>	M	ID	1/3	Required
		Code Name BF Diagnosis				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i> ExternalCodeList Name: 131	M	AN	1/30	Required
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				

HI11	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational
	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i> Code Name BF Diagnosis	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i> ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational
	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Industry: <i>Diagnosis Type Code</i> Code Name BF Diagnosis	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Diagnosis Code</i> ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required
HI12	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Diagnosis Date</i>	C	AN	1/35	Situational

PWK Additional Patient Information

Loop: 2000C

Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Nebraska Medicaid Directive:

Required and returned when a paper attachment is required by NE Medicaid. If the necessary attachments are not included, a response will be sent back with a "Not certified" HCR01 = 'A3' & HRC03 = '90' "Requested Information not Received".

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PWK01	755	Report Type Code	M	ID	2/2	Required
		Description: Code indicating the title or contents of a document, report or supporting item				
		Industry: Attachment Report Type Code				
		Code		Name		
		03		Report Justifying Treatment Beyond Utilization Guidelines		
		04		Drugs Administered		
		05		Treatment Diagnosis		
		06		Initial Assessment		
		07		Functional Goals		
		08		Plan of Treatment		
		09		Progress Report		
		10		Continued Treatment		
		11		Chemical Analysis		
		13		Certified Test Report		
		15		Justification for Admission		
		21		Recovery Plan		
		48		Social Security Benefit Letter		
		55		Rental Agreement		
		59		Benefit Letter		
		77		Support Data for Verification		
		A3		Allergies/Sensitivities Document		
		A4		Autopsy Report		
		AM		Ambulance Certification		
		AS		Admission Summary		
		AT		Purchase Order Attachment		
		B2		Prescription		
		B3		Physician Order		
		BR		Benchmark Testing Results		
		BS		Baseline		
		BT		Blanket Test Results		
		CB		Chiropractic Justification		
		CK		Consent Form(s)		
		D2		Drug Profile Document		
		DA		Dental Models		
		DB		Durable Medical Equipment Prescription		
		DG		Diagnostic Report		
		DJ		Discharge Monitoring Report		
		DS		Discharge Summary		
		FM		Family Medical History Document		
		HC		Health Certificate		
		HR		Health Clinic Records		
		I5		Immunization Record		
		IR		State School Immunization Records		
		LA		Laboratory Results		

M1	Medical Record Attachment
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
P7	Periodontal Reports
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
QC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

PWK02	756	Report Transmission Code Description: Code defining timing, transmission method or format by which reports are to be sent Industry: <i>Attachment Transmission Code</i>	O	ID	1/2	Required
		Code Name BM By Mail EL Electronically Only EM E-Mail FX By Fax VO Voice				
PWK05	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name AC Attachment Control Number	X	ID	1/2	Situational
PWK06	67	Identification Code Description: Code identifying a party or other code Industry: <i>Attachment Control Number</i> Nebraska Medicaid Directive: <i>Refer to Appendix A, Paperwork/Attachment Guidelines.</i>	X	AN	2/80	Situational
PWK07	352	Description Description: A free-form description to clarify the related data elements and their content Industry: <i>Attachment Description</i>	O	AN	1/80	Situational

NM1

Subscriber Name

Loop: 2010CA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Subscriber Last Name</i>	O	AN	1/35	Situational
NM104	1036	Name First Description: Individual first name Industry: <i>Subscriber First Name</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Subscriber Middle Name</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Subscriber Name Suffix</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name MI Member Identification Number ZZ Mutually Defined	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Subscriber Primary Identifier</i>	C	AN	2/80	Required

REF

Subscriber Supplemental Identification

Loop: 2010CA

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																								
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1L</td><td>Group or Policy Number</td></tr><tr><td>1W</td><td>Member Identification Number</td></tr><tr><td>6P</td><td>Group Number</td></tr><tr><td>A6</td><td>Employee Identification Number</td></tr><tr><td>EJ</td><td>Patient Account Number</td></tr><tr><td>F6</td><td>Health Insurance Claim (HIC) Number</td></tr><tr><td>HJ</td><td>Identity Card Number</td></tr><tr><td>IG</td><td>Insurance Policy Number</td></tr><tr><td>N6</td><td>Plan Network Identification Number</td></tr><tr><td>NQ</td><td>Medicaid Recipient Identification Number</td></tr><tr><td>SY</td><td>Social Security Number</td></tr></table>	<u>Code</u>	<u>Name</u>	1L	Group or Policy Number	1W	Member Identification Number	6P	Group Number	A6	Employee Identification Number	EJ	Patient Account Number	F6	Health Insurance Claim (HIC) Number	HJ	Identity Card Number	IG	Insurance Policy Number	N6	Plan Network Identification Number	NQ	Medicaid Recipient Identification Number	SY	Social Security Number	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>																													
1L	Group or Policy Number																													
1W	Member Identification Number																													
6P	Group Number																													
A6	Employee Identification Number																													
EJ	Patient Account Number																													
F6	Health Insurance Claim (HIC) Number																													
HJ	Identity Card Number																													
IG	Insurance Policy Number																													
N6	Plan Network Identification Number																													
NQ	Medicaid Recipient Identification Number																													
SY	Social Security Number																													
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Subscriber Supplemental Identifier</i>	C	AN	1/30	Required																								

AAA Subscriber Request Validation

Loop: 2010CA

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																																				
AAA01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Valid Request Indicator</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>	<u>Code</u>	<u>Name</u>	N	No	Y	Yes	M	ID	1/1	Required																														
<u>Code</u>	<u>Name</u>																																									
N	No																																									
Y	Yes																																									
AAA03	901	Reject Reason Code Description: Code assigned by issuer to identify reason for rejection <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>15</td><td>Required application data missing</td></tr><tr><td>58</td><td>Invalid/Missing Date-of-Birth</td></tr><tr><td>64</td><td>Invalid/Missing Patient ID</td></tr><tr><td>65</td><td>Invalid/Missing Patient Name</td></tr><tr><td>66</td><td>Invalid/Missing Patient Gender Code</td></tr><tr><td>67</td><td>Patient Not Found</td></tr><tr><td>68</td><td>Duplicate Patient ID Number</td></tr><tr><td>71</td><td>Patient Birth Date Does Not Match That for the Patient on the Database</td></tr><tr><td>72</td><td>Invalid/Missing Subscriber/Insured ID</td></tr><tr><td>73</td><td>Invalid/Missing Subscriber/Insured Name</td></tr><tr><td>74</td><td>Invalid/Missing Subscriber/Insured Gender Code</td></tr><tr><td>75</td><td>Subscriber/Insured Not Found</td></tr><tr><td>76</td><td>Duplicate Subscriber/Insured ID Number</td></tr><tr><td>77</td><td>Subscriber Found, Patient Not Found</td></tr><tr><td>78</td><td>Subscriber/Insured Not in Group/Plan Identified</td></tr><tr><td>79</td><td>Invalid Participant Identification</td></tr><tr><td>95</td><td>Patient Not Eligible</td></tr></table>	<u>Code</u>	<u>Name</u>	15	Required application data missing	58	Invalid/Missing Date-of-Birth	64	Invalid/Missing Patient ID	65	Invalid/Missing Patient Name	66	Invalid/Missing Patient Gender Code	67	Patient Not Found	68	Duplicate Patient ID Number	71	Patient Birth Date Does Not Match That for the Patient on the Database	72	Invalid/Missing Subscriber/Insured ID	73	Invalid/Missing Subscriber/Insured Name	74	Invalid/Missing Subscriber/Insured Gender Code	75	Subscriber/Insured Not Found	76	Duplicate Subscriber/Insured ID Number	77	Subscriber Found, Patient Not Found	78	Subscriber/Insured Not in Group/Plan Identified	79	Invalid Participant Identification	95	Patient Not Eligible	O	ID	2/2	Situational
<u>Code</u>	<u>Name</u>																																									
15	Required application data missing																																									
58	Invalid/Missing Date-of-Birth																																									
64	Invalid/Missing Patient ID																																									
65	Invalid/Missing Patient Name																																									
66	Invalid/Missing Patient Gender Code																																									
67	Patient Not Found																																									
68	Duplicate Patient ID Number																																									
71	Patient Birth Date Does Not Match That for the Patient on the Database																																									
72	Invalid/Missing Subscriber/Insured ID																																									
73	Invalid/Missing Subscriber/Insured Name																																									
74	Invalid/Missing Subscriber/Insured Gender Code																																									
75	Subscriber/Insured Not Found																																									
76	Duplicate Subscriber/Insured ID Number																																									
77	Subscriber Found, Patient Not Found																																									
78	Subscriber/Insured Not in Group/Plan Identified																																									
79	Invalid Participant Identification																																									
95	Patient Not Eligible																																									
AAA04	889	Follow-up Action Code Description: Code identifying follow-up actions allowed <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>C</td><td>Please Correct and Resubmit</td></tr><tr><td>N</td><td>Resubmission Not Allowed</td></tr></table>	<u>Code</u>	<u>Name</u>	C	Please Correct and Resubmit	N	Resubmission Not Allowed	O	ID	1/1	Situational																														
<u>Code</u>	<u>Name</u>																																									
C	Please Correct and Resubmit																																									
N	Resubmission Not Allowed																																									

DMG Subscriber Demographic Information

Loop: 2010CA

Elements: 3

User Option (Usage): Situational

To supply demographic information

Nebraska Medicaid Directive:

If the 2010CA NM109 primary identifier sent in on the request is valid, the values in DMG02 and DMG03 will be what NE Medicaid has on its database.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Required
		Industry: <i>Subscriber Birth Date</i>				
DMG03	1068	Gender Code Description: Code indicating the sex of the individual	O	ID	1/1	Situational
		Industry: <i>Subscriber Gender Code</i>				
		Code Name F Female M Male U Unknown				

NM1**Additional Patient Information
Contact Name**

Loop: 2010CB

Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

Ref	ID	Element Name	Req	Type	Min/Max	Usage														
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <table><tr><th>Code</th><th>Name</th></tr><tr><td>1P</td><td>Provider</td></tr><tr><td>2B</td><td>Third-Party Administrator</td></tr><tr><td>FA</td><td>Facility</td></tr><tr><td>PR</td><td>Payer</td></tr><tr><td>X3</td><td>Utilization Management Organization</td></tr><tr><td>ABG</td><td>Organization</td></tr></table>	Code	Name	1P	Provider	2B	Third-Party Administrator	FA	Facility	PR	Payer	X3	Utilization Management Organization	ABG	Organization	M	ID	2/3	Required
Code	Name																			
1P	Provider																			
2B	Third-Party Administrator																			
FA	Facility																			
PR	Payer																			
X3	Utilization Management Organization																			
ABG	Organization																			
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <table><tr><th>Code</th><th>Name</th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	Code	Name	1	Person	2	Non-Person Entity	M	ID	1/1	Required								
Code	Name																			
1	Person																			
2	Non-Person Entity																			
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Response Contact Last or Organization Name</i>	O	AN	1/35	Situational														
NM104	1036	Name First Description: Individual first name Industry: <i>Response Contact First Name</i>	O	AN	1/25	Situational														
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Response Contact Middle Name</i>	O	AN	1/25	Situational														
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Response Contact Name Suffix</i>	O	AN	1/10	Situational														
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <table><tr><th>Code</th><th>Name</th></tr><tr><td>24</td><td>Employer's Identification Number</td></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr><tr><td>PI</td><td>Payor Identification</td></tr><tr><td>XV</td><td>Health Care Financing Administration National Payer Identification Number (PAYERID)</td></tr><tr><td>XX</td><td>Health Care Financing Administration National Provider Identifier</td></tr></table>	Code	Name	24	Employer's Identification Number	34	Social Security Number	46	Electronic Transmitter Identification Number (ETIN)	PI	Payor Identification	XV	Health Care Financing Administration National Payer Identification Number (PAYERID)	XX	Health Care Financing Administration National Provider Identifier	X	ID	1/2	Situational
Code	Name																			
24	Employer's Identification Number																			
34	Social Security Number																			
46	Electronic Transmitter Identification Number (ETIN)																			
PI	Payor Identification																			
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)																			
XX	Health Care Financing Administration National Provider Identifier																			
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Response Contact Identifier</i> ExternalCodeList Name: 540 Description: Health Care Financing Administration National Plan ID	X	AN	2/80	Situational														

N3

Additional Patient Information Contact Address

Loop: 2010CB

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Response Contact Address Line	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Response Contact Address Line	O	AN	1/55	Situational

N4

Additional Patient Information Contact City/State/Zip Code

Loop: 2010CB

Elements: 6

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Response Contact City Name</i>	O	AN	2/30	Situational
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Response Contact State or Province Code</i>	O	ID	2/2	Situational
		ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Response Contact Postal Zone or ZIP Code</i>	O	ID	3/15	Situational
		ExternalCodeList Name: 51 Description: ZIP Code				
N404	26	Country Code Description: Code identifying the country Industry: <i>Response Contact Country Code</i>	O	ID	2/3	Situational
		ExternalCodeList Name: 5 Description: Countries, Currencies and Funds				
N405	309	Location Qualifier Description: Code identifying type of location	X	ID	1/2	Situational
		Code Name B1 Branch DP Department				
N406	310	Location Identifier Description: Code which identifies a specific location Industry: <i>Response Contact Specific Location</i>	O	AN	1/30	Situational

PER Additional Patient Information Contact Information

Loop: 2010CB

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named Code Name IC Information Contact	M	ID	2/2	Required
PER02	93	Name Description: Free-form name Industry: Response Contact Name	O	AN	1/60	Situational
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail FX Facsimile TE Telephone	X	ID	2/2	Situational
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: Response Contact Communication Number	X	AN	1/80	Situational
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	X	ID	2/2	Situational
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: Response Contact Communication Number	X	AN	1/80	Situational
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	X	ID	2/2	Situational
PER08	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: Response Contact Communication Number	X	AN	1/80	Situational

HL

Service Provider Level

Loop: 2000E

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	Code Name 19 Provider of Service	O	ID	1/1	Required
		Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described				
		Code Name 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.				

MSG Message Text

Loop: 2000E

Elements: 1

User Option (Usage): Situational

To provide a free-form format that allows the transmission of text information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
MSG01	933	Free-Form Message Text Description: Free-form message text Industry: Free Form Message Text Nebraska Medicaid Directive: A message will be returned with a response stating, "Determination valid if client: 1. Medicaid eligible; 2. Not enrolled in Medicaid managed care (2 does not apply to Dental). Denied services may be appealed in writing within 90 days. See prior authorization policy in NE Medicaid Provider Handbook."	M	AN	1/264	Required

NM1**Service Provider Name**

Loop: 2010E

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> 1T Physician, Clinic or Group Practice FA Facility SJ Service Provider	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <u>Code</u> <u>Name</u> 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Service Provider Last or Organization Name</i>	O	AN	1/35	Situational
NM104	1036	Name First Description: Individual first name Industry: <i>Service Provider First Name</i>	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Service Provider Middle Name</i>	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Service Provider Name Suffix</i>	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <u>Code</u> <u>Name</u> 24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) XX Health Care Financing Administration National Provider Identifier	C	ID	1/2	Situational
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Service Provider Identifier</i> ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier	C	AN	2/80	Situational

REF

Service Provider Supplemental Identification

Loop: 2010E

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage																
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table><thead><tr><th>Code</th><th>Name</th></tr></thead><tbody><tr><td>1G</td><td>Provider UPIN Number</td></tr><tr><td>1J</td><td>Facility ID Number</td></tr><tr><td>EI</td><td>Employer's Identification Number</td></tr><tr><td>N5</td><td>Provider Plan Network Identification Number</td></tr><tr><td>N7</td><td>Facility Network Identification Number</td></tr><tr><td>SY</td><td>Social Security Number</td></tr><tr><td>ZH</td><td>Carrier Assigned Reference Number</td></tr></tbody></table>	Code	Name	1G	Provider UPIN Number	1J	Facility ID Number	EI	Employer's Identification Number	N5	Provider Plan Network Identification Number	N7	Facility Network Identification Number	SY	Social Security Number	ZH	Carrier Assigned Reference Number	M	ID	2/3	Required
Code	Name																					
1G	Provider UPIN Number																					
1J	Facility ID Number																					
EI	Employer's Identification Number																					
N5	Provider Plan Network Identification Number																					
N7	Facility Network Identification Number																					
SY	Social Security Number																					
ZH	Carrier Assigned Reference Number																					
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Service Provider Supplemental Identifier</i>	C	AN	1/30	Required																

N3

Service Provider Address

Loop: 2010E

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: <i>Service Provider Address Line</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: <i>Service Provider Address Line</i>	O	AN	1/55	Situational

N4**Service Provider City/State/ZIP Code**

Loop: 2010E

Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Service Provider City Name</i>	O	AN	2/30	Situational
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Service Provider State or Province Code</i>	O	ID	2/2	Situational
N403	116	Postal Code Description: States and Outlying Areas of the U.S. Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Service Provider Postal Zone or ZIP Code</i>	O	ID	3/15	Situational
N404	26	Country Code Description: ZIP Code Description: Code identifying the country Industry: <i>Service Provider Country Code</i>	O	ID	2/3	Situational

PER Service Provider Contact Information

Loop: 2010E

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named Code Name IC Information Contact	M	ID	2/2	Required
PER02	93	Name Description: Free-form name Industry: <i>Service Provider Contact Name</i>	O	AN	1/60	Situational
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail FX Facsimile TE Telephone	C	ID	2/2	Situational
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Service Provider Contact Communication Number</i>	C	AN	1/80	Situational
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	C	ID	2/2	Situational
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Service Provider Contact Communication Number</i>	C	AN	1/80	Situational
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone	C	ID	2/2	Situational
PER08	364	Communication Number Description: Complete communications number including country or area code when applicable Industry: <i>Service Provider Contact Communication Number</i>	C	AN	1/80	Situational

AAA

Service Provider Request Validation

Loop: 2010E

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																														
AAA01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Valid Request Indicator</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>	<u>Code</u>	<u>Name</u>	N	No	Y	Yes	M	ID	1/1	Required																								
<u>Code</u>	<u>Name</u>																																			
N	No																																			
Y	Yes																																			
AAA03	901	Reject Reason Code Description: Code assigned by issuer to identify reason for rejection <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>15</td><td>Required application data missing</td></tr><tr><td>33</td><td>Input Errors</td></tr><tr><td>35</td><td>Out of Network</td></tr><tr><td>41</td><td>Authorization/Access Restrictions</td></tr><tr><td>43</td><td>Invalid/Missing Provider Identification</td></tr><tr><td>44</td><td>Invalid/Missing Provider Name</td></tr><tr><td>45</td><td>Invalid/Missing Provider Specialty</td></tr><tr><td>46</td><td>Invalid/Missing Provider Phone Number</td></tr><tr><td>47</td><td>Invalid/Missing Provider State</td></tr><tr><td>49</td><td>Provider is Not Primary Care Physician</td></tr><tr><td>51</td><td>Provider Not on File</td></tr><tr><td>52</td><td>Service Dates Not Within Provider Plan Enrollment</td></tr><tr><td>79</td><td>Invalid Participant Identification</td></tr><tr><td>97</td><td>Invalid or Missing Provider Address</td></tr></table>	<u>Code</u>	<u>Name</u>	15	Required application data missing	33	Input Errors	35	Out of Network	41	Authorization/Access Restrictions	43	Invalid/Missing Provider Identification	44	Invalid/Missing Provider Name	45	Invalid/Missing Provider Specialty	46	Invalid/Missing Provider Phone Number	47	Invalid/Missing Provider State	49	Provider is Not Primary Care Physician	51	Provider Not on File	52	Service Dates Not Within Provider Plan Enrollment	79	Invalid Participant Identification	97	Invalid or Missing Provider Address	O	ID	2/2	Situational
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79	Invalid Participant Identification																																			
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AAA04	889	Follow-up Action Code Description: Code identifying follow-up actions allowed <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>C</td><td>Please Correct and Resubmit</td></tr><tr><td>N</td><td>Resubmission Not Allowed</td></tr></table>	<u>Code</u>	<u>Name</u>	C	Please Correct and Resubmit	N	Resubmission Not Allowed	O	ID	1/1	Situational																								
<u>Code</u>	<u>Name</u>																																			
C	Please Correct and Resubmit																																			
N	Resubmission Not Allowed																																			

PRV Service Provider Information

Loop: 2010E

Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																						
PRV01	1221	Provider Code Description: Code identifying the type of provider <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>AD</td><td>Admitting</td></tr><tr><td>AS</td><td>Assistant Surgeon</td></tr><tr><td>AT</td><td>Attending</td></tr><tr><td>CO</td><td>Consulting</td></tr><tr><td>CV</td><td>Covering</td></tr><tr><td>OP</td><td>Operating</td></tr><tr><td>OR</td><td>Ordering</td></tr><tr><td>OT</td><td>Other Physician</td></tr><tr><td>PC</td><td>Primary Care Physician</td></tr><tr><td>PE</td><td>Performing</td></tr></table>	<u>Code</u>	<u>Name</u>	AD	Admitting	AS	Assistant Surgeon	AT	Attending	CO	Consulting	CV	Covering	OP	Operating	OR	Ordering	OT	Other Physician	PC	Primary Care Physician	PE	Performing	M	ID	1/3	Required
<u>Code</u>	<u>Name</u>																											
AD	Admitting																											
AS	Assistant Surgeon																											
AT	Attending																											
CO	Consulting																											
CV	Covering																											
OP	Operating																											
OR	Ordering																											
OT	Other Physician																											
PC	Primary Care Physician																											
PE	Performing																											
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	<u>Code</u>	<u>Name</u>	ZZ	Mutually Defined	M	ID	2/3	Required																		
<u>Code</u>	<u>Name</u>																											
ZZ	Mutually Defined																											
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Provider Taxonomy Code</i> ExternalCodeList Name: HCPT Description: Health Care Provider Taxonomy	M	AN	1/30	Required																						

HL

Service Level

Loop: 2000F

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described	O	ID	1/1	Required
		Code Name SS Services				
		Code Name 0 No Subordinate HL Segment in This Hierarchical Structure.				

TRN Service Trace Number

Loop: 2000F

Elements: 4

User Option (Usage): Situational

To uniquely identify a transaction to an application

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
TRN01	481	Trace Type Code Description: Code identifying which transaction is being referenced <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Current Transaction Trace Numbers</td></tr><tr><td>2</td><td>Referenced Transaction Trace Numbers</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Current Transaction Trace Numbers	2	Referenced Transaction Trace Numbers	M	ID	1/2	Required
<u>Code</u>	<u>Name</u>											
1	Current Transaction Trace Numbers											
2	Referenced Transaction Trace Numbers											
TRN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Service Trace Number</i>	M	AN	1/30	Required						
TRN03	509	Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 Industry: <i>Trace Assigning Entity Identifier</i>	O	AN	10/10	Required						
TRN04	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Trace Assigning Entity Additional Identifier</i>	O	AN	1/30	Situational						

AAA

Service Request Validation

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify the validity of the request and indicate follow-up action authorized

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																		
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<u>Code</u>	<u>Name</u>																							
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<u>Code</u>	<u>Name</u>																							
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<u>Code</u>	<u>Name</u>																							
C	Please Correct and Resubmit																							
N	Resubmission Not Allowed																							

UM**Health Care Services Review
Information**

Loop: 2000F

Elements: 5

User Option (Usage): Required

To specify health care services review information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
UM01	1525	Request Category Code Description: Code indicating a type of request <u>Code</u> <u>Name</u> AR Admission Review HS Health Services Review SC Specialty Care Review	M	ID	1/2	Required
UM02	1322	Certification Type Code Description: Code indicating the type of certification <u>Code</u> <u>Name</u> 1 Appeal - Immediate 2 Appeal - Standard 3 Cancel 4 Extension I Initial R Renewal S Revised	O	ID	1/1	Required
UM03	1365	Service Type Code Description: Code identifying the classification of service All valid standard codes are used.	O	ID	1/2	Situational
UM04	C023	Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered	O	Comp		Situational
	1331	Facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Facility Type Code	M	AN	1/2	Required
		ExternalCodeList Name: 236 Description: Uniform Billing Claim Form Bill Type				
		ExternalCodeList Name: 237 Description: Place of Service from Health Care Financing Administration Claim Form				
	1332	Facility Code Qualifier Description: Code identifying the type of facility referenced <u>Code</u> <u>Name</u> A Uniform Billing Claim Form Bill Type B Place of service code from the FAO record of the Electronic Media Claims National Standard Format	O	ID	1/2	Required
UM06	1338	Level of Service Code Description: Code specifying the level of service rendered <u>Code</u> <u>Name</u> U Urgent 03 Emergency	O	ID	1/3	Situational

HCR Health Care Services Review

Loop: 2000F

Elements: 4

User Option (Usage): Situational

To specify the outcome of a health care services review

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																																												
HCR01	306	Action Code Description: Code indicating type of action <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>A1</td><td>Certified in total</td></tr><tr><td>A3</td><td>Not Certified</td></tr><tr><td>A4</td><td>Pended</td></tr><tr><td>A6</td><td>Modified</td></tr><tr><td>CT</td><td>Contact Payer</td></tr><tr><td>NA</td><td>No Action Required</td></tr></table>	<u>Code</u>	<u>Name</u>	A1	Certified in total	A3	Not Certified	A4	Pended	A6	Modified	CT	Contact Payer	NA	No Action Required	M	ID	1/2	Required																														
<u>Code</u>	<u>Name</u>																																																	
A1	Certified in total																																																	
A3	Not Certified																																																	
A4	Pended																																																	
A6	Modified																																																	
CT	Contact Payer																																																	
NA	No Action Required																																																	
HCR02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Certification Number</i> Nebraska Medicaid Directive: <i>When billing for the authorized service, use this certification number on the claim.</i>	O	AN	1/30	Situational																																												
HCR03	901	Reject Reason Code Description: Code assigned by issuer to identify reason for rejection <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>35</td><td>Out of Network</td></tr><tr><td>36</td><td>Testing not Included</td></tr><tr><td>37</td><td>Request Forwarded To and Decision Response Forthcoming From an External Review Organization</td></tr><tr><td>41</td><td>Authorization/Access Restrictions</td></tr><tr><td>53</td><td>Inquired Benefit Inconsistent with Provider Type</td></tr><tr><td>69</td><td>Inconsistent with Patient's Age</td></tr><tr><td>70</td><td>Inconsistent with Patient's Gender</td></tr><tr><td>82</td><td>Not Medically Necessary</td></tr><tr><td>83</td><td>Level of Care Not Appropriate</td></tr><tr><td>84</td><td>Certification Not Required for this Service</td></tr><tr><td>85</td><td>Certification Responsibility of External Review Organization</td></tr><tr><td>86</td><td>Primary Care Service</td></tr><tr><td>87</td><td>Exceeds Plan Maximums</td></tr><tr><td>88</td><td>Non-covered Service</td></tr><tr><td>89</td><td>No Prior Approval</td></tr><tr><td>90</td><td>Requested Information Not Received</td></tr><tr><td>91</td><td>Duplicate Request</td></tr><tr><td>92</td><td>Service Inconsistent with Diagnosis</td></tr><tr><td>96</td><td>Pre-existing Condition</td></tr><tr><td>98</td><td>Experimental Service or Procedure</td></tr><tr><td>E8</td><td>Requires Medical Review</td></tr></table>	<u>Code</u>	<u>Name</u>	35	Out of Network	36	Testing not Included	37	Request Forwarded To and Decision Response Forthcoming From an External Review Organization	41	Authorization/Access Restrictions	53	Inquired Benefit Inconsistent with Provider Type	69	Inconsistent with Patient's Age	70	Inconsistent with Patient's Gender	82	Not Medically Necessary	83	Level of Care Not Appropriate	84	Certification Not Required for this Service	85	Certification Responsibility of External Review Organization	86	Primary Care Service	87	Exceeds Plan Maximums	88	Non-covered Service	89	No Prior Approval	90	Requested Information Not Received	91	Duplicate Request	92	Service Inconsistent with Diagnosis	96	Pre-existing Condition	98	Experimental Service or Procedure	E8	Requires Medical Review	O	ID	2/2	Situational
<u>Code</u>	<u>Name</u>																																																	
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84	Certification Not Required for this Service																																																	
85	Certification Responsibility of External Review Organization																																																	
86	Primary Care Service																																																	
87	Exceeds Plan Maximums																																																	
88	Non-covered Service																																																	
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90	Requested Information Not Received																																																	
91	Duplicate Request																																																	
92	Service Inconsistent with Diagnosis																																																	
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E8	Requires Medical Review																																																	
HCR04	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response	O	ID	1/1	Situational																																												

Industry: *Second Surgical Opinion Indicator*

<u>Code</u>	<u>Name</u>
N	No
Y	Yes

REF

Previous Certification Identification

Loop: 2000F

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name BB Authorization Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Previous Certification Identifier</i>	C	AN	1/30	Required

DTP

Service Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 472 Service				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Proposed or Actual Service Date</i>	M	AN	1/35	Required

DTP

Admission Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 435 Admission				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Proposed or Actual Admission Date</i>	M	AN	1/35	Required

DTP Discharge Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 096 Discharge				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Proposed or Actual Discharge Date</i>	M	AN	1/35	Required

DTP**Surgery Date**

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 456 Surgery				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Proposed or Actual Surgery Date</i>	M	AN	1/35	Required

DTP Certification Issue Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 102 Issue				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Certification Issue Date</i>	M	AN	1/35	Required

DTP**Certification Expiration Date**

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 036 Expiration				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Certification Expiration Date</i>	M	AN	1/35	Required

DTP

Certification Effective Date

Loop: 2000F

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 007 Effective				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Certification Effective Date</i>	M	AN	1/35	Required

HI**Procedures**

Loop: 2000F

Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Nebraska Medicaid Directive:*Procedure Dates will be accepted on the request, but will not be returned on the response.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name				
		BO Health Care Financing Administration Common Procedural Coding System				
		Nebraska Medicaid Directive: Only five occurrences of individual procedure code for a prior authorization.				
		BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		Nebraska Medicaid Directive: Only five surgical codes per prior authorization.				
		JP National Standard Tooth Numbering System				
		ABR Assigned by Receiver				
		NDC National Drug Code (NDC)				
	1271	Industry Code Description: Code indicating a code from a specific industry code list	M	AN	1/30	Required
		Industry: Procedure Code				
		ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System				
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes				
		ExternalCodeList Name: 134 Description: National Drug Code				
		ExternalCodeList Name: 135 Description: American Dental Association Codes				
		ExternalCodeList Name: 240 Description: National Drug Code by Format				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Situational
		Code Name				
		D8 Date Expressed in Format CCYYMMDD				
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
	1251	Date Time Period Description: Expression of a date, a time, or range	C	AN	1/35	Situational

		of dates, times or dates and times				
		Industry: <i>Procedure Date</i>				
782		Monetary Amount Description: Monetary amount	O	R	1/18	Situational
		Industry: <i>Procedure Monetary Amount</i>				
		Nebraska Medicaid Directive: <i>Authorized amount.</i>				
380		Quantity Description: Numeric value of quantity	O	R	1/15	Situational
		Industry: <i>Procedure Quantity</i>				
799		Version Identifier Description: Revision level of a particular format, program, technique or algorithm	O	AN	1/30	Situational
		Industry: <i>Version, Release, or Industry Identifier</i>				
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
1270		Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name				
		BO Health Care Financing Administration Common Procedural Coding System				
		Nebraska Medicaid Directive: Only five occurrences of individual procedure code for a prior authorization.				
		BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		Nebraska Medicaid Directive: Only five surgical codes per prior authorization.				
		JP National Standard Tooth Numbering System				
		ABR Assigned by Receiver				
		NDC National Drug Code (NDC)				
1271		Industry Code Description: Code indicating a code from a specific industry code list	M	AN	1/30	Required
		Industry: <i>Procedure Code</i>				
		ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System				
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes				
		ExternalCodeList Name: 134 Description: National Drug Code				
		ExternalCodeList Name: 135 Description: American Dental Association Codes				
		ExternalCodeList Name: 240 Description: National Drug Code by Format				
1250		Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Situational
		Code Name				
		D8 Date Expressed in Format CCYYMMDD				
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251		Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Situational
		Industry: <i>Procedure Date</i>				
782		Monetary Amount Description: Monetary amount	O	R	1/18	Situational
		Industry: <i>Procedure Monetary Amount</i>				
		Nebraska Medicaid Directive: <i>Authorized amount.</i>				
380		Quantity	O	R	1/15	Situational
						Nebraska Medicaid

HI03	C022	799	Description: Numeric value of quantity Industry: <i>Procedure Quantity</i> Version Identifier	O	AN	1/30	Situational
			Description: Revision level of a particular format, program, technique or algorithm Industry: <i>Version, Release, or Industry Identifier</i> Health Care Code Information	O	Comp		Situational
			Description: To send health care codes and their associated dates, amounts and quantities Code List Qualifier Code	M	ID	1/3	Required
		1270	Description: Code identifying a specific industry code list Code Name BO Health Care Financing Administration Common Procedural Coding System Nebraska Medicaid Directive: <i>Only five occurrences of individual procedure code for a prior authorization.</i> BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure Nebraska Medicaid Directive: <i>Only five surgical codes per prior authorization.</i> JP National Standard Tooth Numbering System ABR Assigned by Receiver NDC National Drug Code (NDC)				
		1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: <i>Procedure Code</i> ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes ExternalCodeList Name: 134 Description: National Drug Code ExternalCodeList Name: 135 Description: American Dental Association Codes ExternalCodeList Name: 240 Description: National Drug Code by Format Date Time Period Format Qualifier	M	AN	1/30	Required
			Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
		1250	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Procedure Date</i> Monetary Amount	C	ID	2/3	Situational
			Description: Monetary amount Industry: <i>Procedure Monetary Amount</i> Nebraska Medicaid Directive: <i>Authorized amount.</i> Quantity				
		380	Description: Numeric value of quantity Industry: <i>Procedure Quantity</i> Version Identifier	O	R	1/15	Situational
		799	Description: Revision level of a particular format, program, technique or algorithm Industry: <i>Version, Release, or Industry Identifier</i> Health Care Code Information	O	AN	1/30	Situational
HI04	C022		Description: To send health care codes and their associated dates, amounts and quantities Code List Qualifier Code	O	Comp		Situational

Description: To send health care codes and their associated dates, amounts and quantities					
1270	Code List Qualifier Code	M	ID	1/3	Required
	Description: Code identifying a specific industry code list				
	Code	Name			
	BO	Health Care Financing Administration Common Procedural Coding System			
		Nebraska Medicaid Directive:			
		<i>Only five occurrences of individual procedure code for a prior authorization.</i>			
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure			
		Nebraska Medicaid Directive:			
		<i>Only five surgical codes per prior authorization.</i>			
	JP	National Standard Tooth Numbering System			
	ABR	Assigned by Receiver			
	NDC	National Drug Code (NDC)			
1271	Industry Code	M	AN	1/30	Required
	Description: Code indicating a code from a specific industry code list				
	Industry: Procedure Code				
	ExternalCodeList				
	Name: 130				
	Description: Health Care Financing Administration Common Procedural Coding System				
	ExternalCodeList				
	Name: 131				
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	ExternalCodeList				
	Name: 132				
	Description: National Uniform Billing Committee (NUBC) codes				
	ExternalCodeList				
	Name: 134				
	Description: National Drug Code				
	ExternalCodeList				
	Name: 135				
	Description: American Dental Association Codes				
	ExternalCodeList				
	Name: 240				
	Description: National Drug Code by Format				
1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
	Description: Code indicating the date format, time format, or date and time format				
	Code	Name			
	D8	Date Expressed in Format CCYYMMDD			
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
1251	Date Time Period	C	AN	1/35	Situational
	Description: Expression of a date, a time, or range of dates, times or dates and times				
	Industry: Procedure Date				
782	Monetary Amount	O	R	1/18	Situational
	Description: Monetary amount				
	Industry: Procedure Monetary Amount				
	Nebraska Medicaid Directive: <i>Authorized amount.</i>				
380	Quantity	O	R	1/15	Situational
	Description: Numeric value of quantity				
	Industry: Procedure Quantity				
799	Version Identifier	O	AN	1/30	Situational
	Description: Revision level of a particular format, program, technique or algorithm				
	Industry: Version, Release, or Industry Identifier				
HI05	C022	O	Comp		Situational
	Health Care Code Information				
	Description: To send health care codes and their associated dates, amounts and quantities				
1270	Code List Qualifier Code	M	ID	1/3	Required
	Description: Code identifying a specific industry code list				
	Code	Name			
	BO	Health Care Financing Administration Common Procedural Coding System			

		Nebraska Medicaid Directive: <i>Only five occurrences of individual procedure code for a prior authorization.</i>					
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure					
		Nebraska Medicaid Directive: <i>Only five surgical codes per prior authorization.</i>					
	JP	National Standard Tooth Numbering System					
	ABR	Assigned by Receiver					
	NDC	National Drug Code (NDC)					
1271	Industry Code		M	AN	1/30		Required
	Description:	Code indicating a code from a specific industry code list					
	Industry:	<i>Procedure Code</i>					
	ExternalCodeList						
	Name:	130					
	Description:	Health Care Financing Administration Common Procedural Coding System					
	ExternalCodeList						
	Name:	131					
	Description:	International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	ExternalCodeList						
	Name:	132					
	Description:	National Uniform Billing Committee (NUBC) codes					
	ExternalCodeList						
	Name:	134					
	Description:	National Drug Code					
	ExternalCodeList						
	Name:	135					
	Description:	American Dental Association Codes					
	ExternalCodeList						
	Name:	240					
	Description:	National Drug Code by Format					
1250	Date Time Period Format Qualifier		C	ID	2/3		Situational
	Description:	Code indicating the date format, time format, or date and time format					
	Code	Name					
	D8	Date Expressed in Format CCYYMMDD					
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
1251	Date Time Period		C	AN	1/35		Situational
	Description:	Expression of a date, a time, or range of dates, times or dates and times					
	Industry:	<i>Procedure Date</i>					
782	Monetary Amount		O	R	1/18		Situational
	Description:	Monetary amount					
	Industry:	<i>Procedure Monetary Amount</i>					
	Nebraska Medicaid Directive:	<i>Authorized amount.</i>					
380	Quantity		O	R	1/15		Situational
	Description:	Numeric value of quantity					
	Industry:	<i>Procedure Quantity</i>					
799	Version Identifier		O	AN	1/30		Situational
	Description:	Revision level of a particular format, program, technique or algorithm					
	Industry:	<i>Version, Release, or Industry Identifier</i>					
HI06	C022	Health Care Code Information	O	Comp			Situational
	Description:	To send health care codes and their associated dates, amounts and quantities					
1270	Code List Qualifier Code		M	ID	1/3		Required
	Description:	Code identifying a specific industry code list					
	Code	Name					
	BO	Health Care Financing Administration Common Procedural Coding System					
		Nebraska Medicaid Directive: <i>Only five occurrences of individual procedure code for a prior authorization.</i>					
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure					
		Nebraska Medicaid Directive: <i>Only five surgical codes per prior authorization.</i>					
	JP	National Standard Tooth Numbering System					
	ABR	Assigned by Receiver					

	NDC	National Drug Code (NDC)								
1271	Industry Code		M	AN	1/30	Required				
	Description: Code indicating a code from a specific industry code list									
	Industry: <i>Procedure Code</i>									
	ExternalCodeList									
	Name: 130									
	Description: Health Care Financing Administration Common Procedural Coding System									
	ExternalCodeList									
	Name: 131									
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure									
	ExternalCodeList									
	Name: 132									
	Description: National Uniform Billing Committee (NUBC) codes									
	ExternalCodeList									
	Name: 134									
	Description: National Drug Code									
	ExternalCodeList									
	Name: 135									
	Description: American Dental Association Codes									
	ExternalCodeList									
	Name: 240									
	Description: National Drug Code by Format									
1250	Date Time Period Format Qualifier		C	ID	2/3	Situational				
	Description: Code indicating the date format, time format, or date and time format									
	Code	Name								
	D8	Date Expressed in Format CCYYMMDD								
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD								
1251	Date Time Period		C	AN	1/35	Situational				
	Description: Expression of a date, a time, or range of dates, times or dates and times									
	Industry: <i>Procedure Date</i>									
782	Monetary Amount		O	R	1/18	Situational				
	Description: Monetary amount									
	Industry: <i>Procedure Monetary Amount</i>									
	Nebraska Medicaid Directive: <i>Authorized amount.</i>									
380	Quantity		O	R	1/15	Situational				
	Description: Numeric value of quantity									
	Industry: <i>Procedure Quantity</i>									
799	Version Identifier		O	AN	1/30	Situational				
	Description: Revision level of a particular format, program, technique or algorithm									
	Industry: <i>Version, Release, or Industry Identifier</i>									
HI07	C022	Health Care Code Information	O	Comp		Situational				
	Description: To send health care codes and their associated dates, amounts and quantities									
1270	Code List Qualifier Code		M	ID	1/3	Required				
	Description: Code identifying a specific industry code list									
	Code	Name								
	BO	Health Care Financing Administration Common Procedural Coding System								
	Nebraska Medicaid Directive:									
	<i>Only five occurrences of individual procedure code for a prior authorization.</i>									
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure								
	Nebraska Medicaid Directive:									
	<i>Only five surgical codes per prior authorization.</i>									
	JP	National Standard Tooth Numbering System								
	ABR	Assigned by Receiver								
	NDC	National Drug Code (NDC)								
1271	Industry Code		M	AN	1/30	Required				
	Description: Code indicating a code from a specific industry code list									
	Industry: <i>Procedure Code</i>									
	ExternalCodeList									
	Name: 130									

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) codes

ExternalCodeList

Name: 134

Description: National Drug Code

ExternalCodeList

Name: 135

Description: American Dental Association Codes

ExternalCodeList

Name: 240

Description: National Drug Code by Format

1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
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Description: Code indicating the date format, time format, or date and time format

Code

Name

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

1251	Date Time Period	C	AN	1/35	Situational
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Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Procedure Date

782	Monetary Amount	O	R	1/18	Situational
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Description: Monetary amount

Industry: Procedure Monetary Amount

Nebraska Medicaid Directive: Authorized amount.

380	Quantity	O	R	1/15	Situational
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Description: Numeric value of quantity

Industry: Procedure Quantity

799	Version Identifier	O	AN	1/30	Situational
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Description: Revision level of a particular format, program, technique or algorithm

Industry: Version, Release, or Industry Identifier

HI08	C022	Health Care Code Information	O	Comp	Situational
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Description: To send health care codes and their associated dates, amounts and quantities

1270	Code List Qualifier Code	M	ID	1/3	Required
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Description: Code identifying a specific industry code list

Code

Name

BO Health Care Financing Administration Common Procedural Coding System

Nebraska Medicaid Directive:

Only five occurrences of individual procedure code for a prior authorization.

BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

Nebraska Medicaid Directive:

Only five surgical codes per prior authorization.

JP National Standard Tooth Numbering System

ABR Assigned by Receiver

NDC National Drug Code (NDC)

1271	Industry Code	M	AN	1/30	Required
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Description: Code indicating a code from a specific industry code list

Industry: Procedure Code

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) codes

		ExternalCodeList			
		Name: 134			
		Description: National Drug Code			
		ExternalCodeList			
		Name: 135			
		Description: American Dental Association Codes			
		ExternalCodeList			
		Name: 240			
		Description: National Drug Code by Format			
1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
	Description: Code indicating the date format, time format, or date and time format				
	Code	Name			
	D8	Date Expressed in Format CCYYMMDD			
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
1251	Date Time Period	C	AN	1/35	Situational
	Description: Expression of a date, a time, or range of dates, times or dates and times				
	Industry: <i>Procedure Date</i>				
782	Monetary Amount	O	R	1/18	Situational
	Description: Monetary amount				
	Industry: <i>Procedure Monetary Amount</i>				
	Nebraska Medicaid Directive: <i>Authorized amount.</i>				
380	Quantity	O	R	1/15	Situational
	Description: Numeric value of quantity				
	Industry: <i>Procedure Quantity</i>				
799	Version Identifier	O	AN	1/30	Situational
	Description: Revision level of a particular format, program, technique or algorithm				
	Industry: <i>Version, Release, or Industry Identifier</i>				
HI09	C022	O	Comp		Situational
	Health Care Code Information				
	Description: To send health care codes and their associated dates, amounts and quantities				
1270	Code List Qualifier Code	M	ID	1/3	Required
	Description: Code identifying a specific industry code list				
	Code	Name			
	BO	Health Care Financing Administration Common Procedural Coding System			
	Nebraska Medicaid Directive:				
	<i>Only five occurrences of individual procedure code for a prior authorization.</i>				
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure			
	Nebraska Medicaid Directive:				
	<i>Only five surgical codes per prior authorization.</i>				
	JP	National Standard Tooth Numbering System			
	ABR	Assigned by Receiver			
	NDC	National Drug Code (NDC)			
1271	Industry Code	M	AN	1/30	Required
	Description: Code indicating a code from a specific industry code list				
	Industry: <i>Procedure Code</i>				
	ExternalCodeList				
	Name: 130				
	Description: Health Care Financing Administration Common Procedural Coding System				
	ExternalCodeList				
	Name: 131				
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	ExternalCodeList				
	Name: 132				
	Description: National Uniform Billing Committee (NUBC) codes				
	ExternalCodeList				
	Name: 134				
	Description: National Drug Code				
	ExternalCodeList				
	Name: 135				
	Description: American Dental Association Codes				
	ExternalCodeList				

		Name: 240				
		Description: National Drug Code by Format				
1250		Date Time Period Format Qualifier	C	ID	2/3	Situational
		Description: Code indicating the date format, time format, or date and time format				
		Code				
		Name				
		D8				
		Date Expressed in Format CCYYMMDD				
		RD8				
		Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
1251		Date Time Period	C	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: Procedure Date				
782		Monetary Amount	O	R	1/18	Situational
		Description: Monetary amount				
		Industry: Procedure Monetary Amount				
		Nebraska Medicaid Directive: Authorized amount.				
380		Quantity	O	R	1/15	Situational
		Description: Numeric value of quantity				
		Industry: Procedure Quantity				
799		Version Identifier	O	AN	1/30	Situational
		Description: Revision level of a particular format, program, technique or algorithm				
		Industry: Version, Release, or Industry Identifier				
HI10	C022	Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities				
1270		Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code				
		Name				
		BO				
		Health Care Financing Administration Common Procedural Coding System				
		Nebraska Medicaid Directive:				
		<i>Only five occurrences of individual procedure code for a prior authorization.</i>				
		BQ				
		International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		Nebraska Medicaid Directive:				
		<i>Only five surgical codes per prior authorization.</i>				
		JP				
		National Standard Tooth Numbering System				
		ABR				
		Assigned by Receiver				
		NDC				
		National Drug Code (NDC)				
1271		Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Procedure Code				
		ExternalCodeList				
		Name: 130				
		Description: Health Care Financing Administration Common Procedural Coding System				
		ExternalCodeList				
		Name: 131				
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUBC) codes				
		ExternalCodeList				
		Name: 134				
		Description: National Drug Code				
		ExternalCodeList				
		Name: 135				
		Description: American Dental Association Codes				
		ExternalCodeList				
		Name: 240				
		Description: National Drug Code by Format				
1250		Date Time Period Format Qualifier	C	ID	2/3	Situational
		Description: Code indicating the date format, time format, or date and time format				
		Code				
		Name				
		D8				
		Date Expressed in Format CCYYMMDD				

	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
1251	Date Time Period	C	AN	1/35	Situational
	Description: Expression of a date, a time, or range of dates, times or dates and times				
	Industry: <i>Procedure Date</i>				
782	Monetary Amount	O	R	1/18	Situational
	Description: Monetary amount				
	Industry: <i>Procedure Monetary Amount</i>				
	Nebraska Medicaid Directive: <i>Authorized amount.</i>				
380	Quantity	O	R	1/15	Situational
	Description: Numeric value of quantity				
	Industry: <i>Procedure Quantity</i>				
799	Version Identifier	O	AN	1/30	Situational
	Description: Revision level of a particular format, program, technique or algorithm				
	Industry: <i>Version, Release, or Industry Identifier</i>				
HI11	C022	O	Comp		Situational
	Health Care Code Information				
	Description: To send health care codes and their associated dates, amounts and quantities				
1270	Code List Qualifier Code	M	ID	1/3	Required
	Description: Code identifying a specific industry code list				
	Code	Name			
	BO	Health Care Financing Administration Common Procedural Coding System			
		Nebraska Medicaid Directive:			
		<i>Only five occurrences of individual procedure code for a prior authorization.</i>			
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure			
		Nebraska Medicaid Directive:			
		<i>Only five surgical codes per prior authorization.</i>			
	JP	National Standard Tooth Numbering System			
	ABR	Assigned by Receiver			
	NDC	National Drug Code (NDC)			
1271	Industry Code	M	AN	1/30	Required
	Description: Code indicating a code from a specific industry code list				
	Industry: <i>Procedure Code</i>				
	ExternalCodeList				
	Name: 130				
	Description: Health Care Financing Administration Common Procedural Coding System				
	ExternalCodeList				
	Name: 131				
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	ExternalCodeList				
	Name: 132				
	Description: National Uniform Billing Committee (NUBC) codes				
	ExternalCodeList				
	Name: 134				
	Description: National Drug Code				
	ExternalCodeList				
	Name: 135				
	Description: American Dental Association Codes				
	ExternalCodeList				
	Name: 240				
	Description: National Drug Code by Format				
1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
	Description: Code indicating the date format, time format, or date and time format				
	Code	Name			
	D8	Date Expressed in Format CCYYMMDD			
	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
1251	Date Time Period	C	AN	1/35	Situational
	Description: Expression of a date, a time, or range of dates, times or dates and times				
	Industry: <i>Procedure Date</i>				
782	Monetary Amount	O	R	1/18	Situational
	Description: Monetary amount				

		Industry: Procedure Monetary Amount Nebraska Medicaid Directive: Authorized amount.				
	380	Quantity Description: Numeric value of quantity Industry: Procedure Quantity	O	R	1/15	Situational
	799	Version Identifier Description: Revision level of a particular format, program, technique or algorithm Industry: Version, Release, or Industry Identifier	O	AN	1/30	Situational
HI12	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name				
		BO Health Care Financing Administration Common Procedural Coding System Nebraska Medicaid Directive: <i>Only five occurrences of individual procedure code for a prior authorization.</i>				
		BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure Nebraska Medicaid Directive: <i>Only five surgical codes per prior authorization.</i>				
		JP National Standard Tooth Numbering System				
		ABR Assigned by Receiver				
		NDC National Drug Code (NDC)				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) codes ExternalCodeList Name: 134 Description: National Drug Code ExternalCodeList Name: 135 Description: American Dental Association Codes ExternalCodeList Name: 240 Description: National Drug Code by Format	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	C	ID	2/3	Situational
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date	C	AN	1/35	Situational
	782	Monetary Amount Description: Monetary amount Industry: Procedure Monetary Amount Nebraska Medicaid Directive: Authorized amount.	O	R	1/18	Situational
	380	Quantity Description: Numeric value of quantity Industry: Procedure Quantity	O	R	1/15	Situational
	799	Version Identifier Description: Revision level of a particular format,	O	AN	1/30	Situational

program, technique or algorithm

Industry: *Version, Release, or Industry Identifier*

HSD Health Care Services Delivery

Loop: 2000F

Elements: 8

User Option (Usage): Situational

To specify the delivery pattern of health care services

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Element Summary																						
Ref	ID	Element Name	Req	Type	Min/Max	Usage																
HSD01	673	Quantity Qualifier Description: Code specifying the type of quantity <table><tr><th>Code</th><th>Name</th></tr><tr><td>DY</td><td>Days</td></tr><tr><td>FL</td><td>Units</td></tr><tr><td>HS</td><td>Hours</td></tr><tr><td>MN</td><td>Month</td></tr><tr><td>VS</td><td>Visits</td></tr></table>	Code	Name	DY	Days	FL	Units	HS	Hours	MN	Month	VS	Visits	C	ID	2/2	Situational				
Code	Name																					
DY	Days																					
FL	Units																					
HS	Hours																					
MN	Month																					
VS	Visits																					
HSD02	380	Quantity Description: Numeric value of quantity Industry: <i>Service Unit Count</i>	C	R	1/15	Situational																
HSD03	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken <table><tr><th>Code</th><th>Name</th></tr><tr><td>DA</td><td>Days</td></tr><tr><td>MO</td><td>Months</td></tr><tr><td>WK</td><td>Week</td></tr></table>	Code	Name	DA	Days	MO	Months	WK	Week	O	ID	2/2	Situational								
Code	Name																					
DA	Days																					
MO	Months																					
WK	Week																					
HSD04	1167	Sample Selection Modulus Description: To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes	O	R	1/6	Situational																
HSD05	615	Time Period Qualifier Description: Code defining periods <table><tr><th>Code</th><th>Name</th></tr><tr><td>6</td><td>Hour</td></tr><tr><td>7</td><td>Day</td></tr><tr><td>21</td><td>Years</td></tr><tr><td>26</td><td>Episode</td></tr><tr><td>27</td><td>Visit</td></tr><tr><td>34</td><td>Month</td></tr><tr><td>35</td><td>Week</td></tr></table>	Code	Name	6	Hour	7	Day	21	Years	26	Episode	27	Visit	34	Month	35	Week	C	ID	1/2	Situational
Code	Name																					
6	Hour																					
7	Day																					
21	Years																					
26	Episode																					
27	Visit																					
34	Month																					
35	Week																					
HSD06	616	Number of Periods Description: Total number of periods Industry: <i>Period Count</i>	O	N0	1/3	Situational																
HSD07	678	Ship/Delivery or Calendar Pattern Code Description: Code which specifies the routine shipments, deliveries, or calendar pattern Industry: <i>Ship, Delivery or Calendar Pattern Code</i> All valid standard codes are used.	O	ID	1/2	Situational																
HSD08	679	Ship/Delivery Pattern Time Code Description: Code which specifies the time for routine shipments or deliveries Industry: <i>Delivery Pattern Time Code</i> <table><tr><th>Code</th><th>Name</th></tr></table>	Code	Name	O	ID	1/1	Situational														
Code	Name																					

A	1st Shift (Normal Working Hours)
B	2nd Shift
C	3rd Shift
D	A.M.
E	P.M.
F	As Directed
G	Any Shift
Y	None (Also Used to Cancel or Override a Previous Pattern)

CL1 Institutional Claim Code

Loop: 2000F

Elements: 4

User Option (Usage): Situational

To supply information specific to hospital claims

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CL101	1315	Admission Type Code Description: Code indicating the priority of this admission ExternalCodeList Name: 231	O	ID	1/1	Situational
CL102	1314	Description: Admission Type Code Admission Source Code Description: Code indicating the source of this admission ExternalCodeList Name: 230	O	ID	1/1	Situational
CL103	1352	Description: Admission Source Code Patient Status Code Description: Code indicating patient status as of the "statement covers through date" ExternalCodeList Name: 239	O	ID	1/2	Situational
CL104	1345	Description: Patient Status Code Nursing Home Residential Status Code Description: Code specifying the status of a nursing home resident at the time of service All valid standard codes are used.	O	ID	1/1	Situational

CR6 Home Health Care Information

Loop: 2000F

Elements: 6

User Option (Usage): Situational

To supply information related to the certification of a home health care patient

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CR601	923	Prognosis Code Description: Code indicating physician's prognosis for the patient All valid standard codes are used.	M	ID	1/1	Required
CR602	373	Date Description: Date expressed as CCYYMMDD Industry: Service From Date	M	DT	8/8	Required
CR603	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Situational
CR604	1251	Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Home Health Certification Period	C	AN	1/35	Situational
CR607	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Medicare Coverage Indicator	M	ID	1/1	Required
CR608	1322	Code Name N No U Unknown Y Yes Certification Type Code Description: Code indicating the type of certification Code Name 1 Appeal - Immediate 2 Appeal - Standard 3 Cancel 4 Extension I Initial R Renewal S Revised	M	ID	1/1	Required

PWK Additional Service Information

Loop: 2000F

Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Nebraska Medicaid Directive:

Required and returned when a paper attachment is required by NE Medicaid. If the necessary attachments are not included, a response will be sent back with a "Not certified" HCR01 = 'A3' & HRC03 = '90' "Requested Information not Received".

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PWK01	755	Report Type Code	M	ID	2/2	Required
		Description: Code indicating the title or contents of a document, report or supporting item				
		Industry: Attachment Report Type Code				
		Code		Name		
		03		Report Justifying Treatment Beyond Utilization Guidelines		
		04		Drugs Administered		
		05		Treatment Diagnosis		
		06		Initial Assessment		
		07		Functional Goals		
		08		Plan of Treatment		
		09		Progress Report		
		10		Continued Treatment		
		11		Chemical Analysis		
		13		Certified Test Report		
		15		Justification for Admission		
		21		Recovery Plan		
		48		Social Security Benefit Letter		
		55		Rental Agreement		
		59		Benefit Letter		
		77		Support Data for Verification		
		A3		Allergies/Sensitivities Document		
		A4		Autopsy Report		
		AM		Ambulance Certification		
		AS		Admission Summary		
		AT		Purchase Order Attachment		
		B2		Prescription		
		B3		Physician Order		
		BR		Benchmark Testing Results		
		BS		Baseline		
		BT		Blanket Test Results		
		CB		Chiropractic Justification		
		CK		Consent Form(s)		
		D2		Drug Profile Document		
		DA		Dental Models		
		DB		Durable Medical Equipment Prescription		
		DG		Diagnostic Report		
		DJ		Discharge Monitoring Report		
		DS		Discharge Summary		
		FM		Family Medical History Document		
		HC		Health Certificate		
		HR		Health Clinic Records		
		I5		Immunization Record		
		IR		State School Immunization Records		
		LA		Laboratory Results		

		M1	Medical Record Attachment				
		NN	Nursing Notes				
		OB	Operative Note				
		OC	Oxygen Content Averaging Report				
		OD	Orders and Treatments Document				
		OE	Objective Physical Examination (including vital signs) Document				
		OX	Oxygen Therapy Certification				
		P4	Pathology Report				
		P5	Patient Medical History Document				
		P6	Periodontal Charts				
		P7	Periodontal Reports				
		PE	Parenteral or Enteral Certification				
		PN	Physical Therapy Notes				
		PO	Prosthetics or Orthotic Certification				
		PQ	Paramedical Results				
		PY	Physician's Report				
		PZ	Physical Therapy Certification				
		QC	Cause and Corrective Action Report				
		QR	Quality Report				
		RB	Radiology Films				
		RR	Radiology Reports				
		RT	Report of Tests and Analysis Report				
		RX	Renewable Oxygen Content Averaging Report				
		SG	Symptoms Document				
		V5	Death Notification				
		XP	Photographs				
PWK02	756	Report Transmission Code		O	ID	1/2	Required
		Description: Code defining timing, transmission method or format by which reports are to be sent					
		Industry: <i>Attachment Transmission Code</i>					
		Code	Name				
		BM	By Mail				
		EL	Electronically Only				
		EM	E-Mail				
		FX	By Fax				
		VO	Voice				
PWK05	66	Identification Code Qualifier		X	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67)					
		Code	Name				
		AC	Attachment Control Number				
PWK06	67	Identification Code		X	AN	2/80	Situational
		Description: Code identifying a party or other code					
		Industry: <i>Attachment Control Number</i>					
		Nebraska Medicaid Directive: <i>Refer to Appendix A, Paperwork/Attachment Guidelines.</i>					
PWK07	352	Description		O	AN	1/80	Situational
		Description: A free-form description to clarify the related data elements and their content					
		Industry: <i>Attachment Description</i>					

MSG

Message Text

Loop: 2000F

Elements: 1

User Option (Usage): Situational

To provide a free-form format that allows the transmission of text information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
MSG01	933	Free-Form Message Text Description: Free-form message text Industry: <i>Free Form Message Text</i> Nebraska Medicaid Directive: <i>The nursing home level of care will be determined by NE Medicaid and will be sent back using the workaround area in MSG01 in the 2000F loop. Refer to Nebraska Medicaid Workarounds in Appendix B.</i>	M	AN	1/264	Required

NM1

Additional Service Information Contact Name

Loop: 2010F

Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>														
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1P</td><td>Provider</td></tr><tr><td>2B</td><td>Third-Party Administrator</td></tr><tr><td>FA</td><td>Facility</td></tr><tr><td>PR</td><td>Payer</td></tr><tr><td>X3</td><td>Utilization Management Organization</td></tr><tr><td>ABG</td><td>Organization</td></tr></table>	<u>Code</u>	<u>Name</u>	1P	Provider	2B	Third-Party Administrator	FA	Facility	PR	Payer	X3	Utilization Management Organization	ABG	Organization	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>																			
1P	Provider																			
2B	Third-Party Administrator																			
FA	Facility																			
PR	Payer																			
X3	Utilization Management Organization																			
ABG	Organization																			
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Person	2	Non-Person Entity	M	ID	1/1	Required								
<u>Code</u>	<u>Name</u>																			
1	Person																			
2	Non-Person Entity																			
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: <i>Response Contact Last or Organization Name</i>	O	AN	1/35	Situational														
NM104	1036	Name First Description: Individual first name Industry: <i>Response Contact First Name</i>	O	AN	1/25	Situational														
NM105	1037	Name Middle Description: Individual middle name or initial Industry: <i>Response Contact Middle Name</i>	O	AN	1/25	Situational														
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Response Contact Name Suffix</i>	O	AN	1/10	Situational														
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>24</td><td>Employer's Identification Number</td></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr><tr><td>PI</td><td>Payor Identification</td></tr><tr><td>XV</td><td>Health Care Financing Administration National Payer Identification Number (PAYERID)</td></tr><tr><td>XX</td><td>Health Care Financing Administration National Provider Identifier</td></tr></table>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	34	Social Security Number	46	Electronic Transmitter Identification Number (ETIN)	PI	Payor Identification	XV	Health Care Financing Administration National Payer Identification Number (PAYERID)	XX	Health Care Financing Administration National Provider Identifier	X	ID	1/2	Situational
<u>Code</u>	<u>Name</u>																			
24	Employer's Identification Number																			
34	Social Security Number																			
46	Electronic Transmitter Identification Number (ETIN)																			
PI	Payor Identification																			
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)																			
XX	Health Care Financing Administration National Provider Identifier																			
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Response Contact Identifier</i> ExternalCodeList Name: 540 Description: Health Care Financing Administration National Plan ID	X	AN	2/80	Situational														

N3

Additional Service Information Contact Address

Loop: 2010F

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Response Contact Address Line	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Response Contact Address Line	O	AN	1/55	Situational

N4

Additional Service Information Contact City/State/Zip Code

Loop: 2010F

Elements: 6

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Response Contact City Name</i>	O	AN	2/30	Situational
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Response Contact State or Province Code</i>	O	ID	2/2	Situational
N403	116	Postal Code Description: States and Outlying Areas of the U.S. Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Response Contact Postal Zone or ZIP Code</i>	O	ID	3/15	Situational
N404	26	Country Code Description: ZIP Code Description: Code identifying the country Industry: <i>Response Contact Country Code</i>	O	ID	2/3	Situational
N405	309	Location Qualifier Description: Countries, Currencies and Funds Description: Code identifying type of location Code Name B1 Branch DP Department	X	ID	1/2	Situational
N406	310	Location Identifier Description: Code which identifies a specific location Industry: <i>Response Contact Specific Location</i>	O	AN	1/30	Situational

PER Additional Service Information Contact Information

Loop: 2010F

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required
		Code Name IC Information Contact				
PER02	93	Name Description: Free-form name	O	AN	1/60	Situational
		Industry: Response Contact Name				
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number	X	ID	2/2	Situational
		Code Name EM Electronic Mail FX Facsimile TE Telephone				
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	X	AN	1/80	Situational
		Industry: Response Contact Communication Number				
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number	X	ID	2/2	Situational
		Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable	X	AN	1/80	Situational
		Industry: Response Contact Communication Number				
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number	X	ID	2/2	Situational
		Code Name EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone				
PER08	364	Communication Number Description: Complete communications number including country or area code when applicable	X	AN	1/80	Situational
		Industry: Response Contact Communication Number				

SE

Transaction Set Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: <i>Transaction Segment Count</i>	M	N0	1/10	Required
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

GE**Functional Group Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	N0	1/9	Required

IEA**Interchange Control Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	Interchange Control Number Description: A control number assigned by the interchange sender	M	N0	9/9	Required

Appendix A

278 Prior Authorization Paperwork/Attachment Guidelines

1. Attachment control number when assigned by the requesting provider should contain the following:

First 11 bytes – Requesting Provider's Medicaid ID

Next 7 bytes – All numeric unique number for the Requesting Provider

The request will be auto-rejected if either of the above is not followed.

2. Each request should contain one unique control number, regardless of how many attachments are being sent. The request will be auto rejected if the control number is not unique.

Appendix B

278 Auth Service Type Edit Determination

			When enrolled Send to				
UM03 Service Type Code			FFS*	HMO*	PCCM*	MH/SA*	Medicare*
1	Medical Care			Yes	Yes	No	Yes
2	Surgical			Yes	Yes	No	Yes
3	Consultation		NoPa	Yes	Yes	No	Yes
4	Diagnostic X-Ray		NoPa	Yes	Yes	No	No
5	Diagnostic Lab		NoPa	Yes	Yes	No	No
6	Radiation Therapy		NoPa	Yes	Yes	No	No
7	Anesthesia		NoPa	Yes	Yes	No	No
8	Surgical Assistance		NoPa	Yes	Yes	No	Yes
12	Durable Medical Equipment Purchase			Yes	Yes	No	No
14	Renal Supplies in the Home		Non	Yes	No	No	No
15	Alternate Method Dialysis		Non	Yes	Yes	No	Yes
16	Chronic Renal Disease (CRD) Equipment		Non	Yes	Yes	No	Yes
17	Pre-Admission Testing		NoPa	Yes	Yes	No	Yes
18	Durable Medical Equipment Rental			Yes	Yes	No	No
20	Second Surgical Opinion		NoPa	Yes	Yes	No	Yes
21	Third Surgical Opinion		NoPa	Yes	Yes	No	Yes
23	Diagnostic Dental		NoPa	No	No	No	No
24	Periodontics			No	No	No	No
25	Restorative			No	No	No	No
26	Endodontics			No	No	No	No
27	Maxillofacial Prosthetics			No	No	No	No
28	Adjunctive Dental Services		NoPa	No	No	No	No
33	Chiropractic		NoPa	Yes	No	No	No
34	Chiropractic Office Visits		NoPa	Yes	No	No	No
35	Dental Care			No	No	No	No
36	Dental Crowns			No	No	No	No
37	Dental Accident			No	No	No	No
38	Orthodontics			No	No	No	No
39	Prosthodontics			No	No	No	No
40	Oral Surgery		NoPa	No	No	No	No
42	Home Health Care			Yes	Yes	No	No
44	Home Health Visits			Yes	Yes	No	No
45	Hospice			Yes	Yes	No	No
46	Respite Care		InValid	Yes	Yes	No	No
48	Hospital - Inpatient		NoPa	Yes	Yes	No	Yes
50	Hospital - Outpatient		NoPa	Yes	Yes	No	Yes
51	Hospital - Emergency Accident		NoPa	Yes	Yes	No	Yes
52	Hospital - Emergency Medical		NoPa	Yes	Yes	No	Yes
53	Hospital - Ambulatory Surgical		NoPa	Yes	Yes	No	Yes
54	Long Term Care			No	No	No	No
56	Medically Related Transportation		NoPa	Yes	No	Yes	No
57	Air Transportation		NoPa	Yes	No	No	No
58	Cabulance		Non	Yes	No	No	No
59	Licensed Ambulance		NoPa	Yes	No	No	No
61	In-vitro Fertilization		Non	No	No	No	Yes
62	MRI/CAT Scan		NoPa	Yes	Yes	No	No
63	Donor Procedures			No	No	No	Yes
64	Acupuncture		Non	Yes	No	No	No

65	Newborn Care	NoPa	Yes	Yes	No	Yes
67	Smoking Cessation	Non	Yes	No	No	No
68	Well Baby Care	NoPa	Yes	Yes	No	No
69	Maternity	NoPa	Yes	Yes	No	Yes
70	Transplants		No	No	No	No
71	Audiology Exam	NoPa	Yes	Yes	No	No
72	Inhalation Therapy	NoPa	Yes	Yes	No	No
73	Diagnostic Medical	NoPa	Yes	Yes	No	Yes
74	Private Duty Nursing		Yes	Yes	No	No
75	Prosthetic Device	NoPa	Yes	Yes	No	No
76	Dialysis	NoPa	Yes	Yes	No	Yes
77	Otological Exam	NoPa	Yes	Yes	No	Yes
78	Chemotherapy	NoPa	Yes	Yes	No	Yes
79	Allergy Testing	NoPa	Yes	Yes	No	Yes
80	Immunizations		Yes	Yes	No	Yes
82	Family Planning		Yes	Yes	No	Yes
83	Infertility	Non	No	No	No	Yes
84	Abortion		No	No	No	Yes
85	AIDS	NoPa	Yes	Yes	No	No
86	Emergency Services	NoPa	Yes	Yes	No	Yes
93	Podiatry	NoPa	Yes	Yes	No	No
94	Podiatry - Office Visits	NoPa	Yes	Yes	No	No
95	Podiatry - Nursing Home Visits	NoPa	Yes	Yes	No	No
98	Professional (Physician) Visit - Office	NoPa	Yes	Yes	No	Yes
99	Professional (Physician) Visit - Inpatient	NoPa	Yes	Yes	No	Yes
A0	Professional (Physician) Visit - Outpatient	NoPa	Yes	Yes	No	Yes
A1	Professional (Physician) Visit - Nursing Home	NoPa	Yes	Yes	No	Yes
A2	Professional (Physician) Visit - Skilled Nursing Facility	NoPa	Yes	Yes	No	Yes
A3	Professional (Physician) Visit - Home	NoPa	Yes	Yes	No	Yes
A4	Psychiatric		No	No	Yes	No
A6	Psychotherapy		No	No	Yes	No
A7	Psychiatric - Inpatient		No	No	Yes	No
A8	Psychiatric - Outpatient		No	No	Yes	No
A9	Rehabilitation		Yes	Yes	No	Yes
AB	Rehabilitation - Inpatient		Yes	Yes	No	Yes
AC	Rehabilitation - Outpatient	NoPa	Yes	Yes	No	Yes
AD	Occupational Therapy	NoPa	Yes	Yes	No	No
AE	Physical Medicine	NoPa	Yes	Yes	No	No
AF	Speech Therapy	NoPa	Yes	Yes	No	No
AG	Skilled Nursing Care		No	No	No	No
AI	Substance Abuse		No	No	Yes	No
AJ	Alcoholism		No	No	Yes	No
AK	Drug Addiction		No	No	Yes	No
AL	Vision (Optometry)		Yes	Yes	No	No
AR	Experimental Drug Therapy		No	No	No	Yes
BB	Partial Hospitalization (Psychiatric)		No	No	Yes	No
BC	Day Care (Psychiatric)		No	No	Yes	No
BD	Cognitive Therapy		No	No	Yes	No
BE	Massage Therapy	Non	Yes	No	No	No
BF	Pulmonary Rehabilitation	Non	Yes	Yes	No	Yes
BG	Cardiac Rehabilitation	NoPa	Yes	Yes	No	Yes
BS	Invasive Procedures		Yes	Yes	No	Yes

***FFS (Fee For Service)**

Non - the service is a Non-Covered service.

NoPa - a prior authorization is not needed for the service.

InValid - Nebraska Medicaid does not consider this a service type.

***HMO**

If the client is covered by the Nebraska Medicaid Managed Care HMO plan, this column applies. The column will either have a "Yes" or a "No". "Yes" means the service is covered by the HMO plan. The request will be rejected with a AAA, telling the requestor to contact the HMO plan with regards to the prior authorization of the service. "No" means the service is not covered by the HMO Plan. The request will be reviewed.

***PCCM**

If the client is covered by the Nebraska Medicaid Managed Care PCCM plan, this column applies. The column will either have a "Yes" or a "No". "Yes" means the service is covered by the PCCM plan. The request will be rejected with a AAA, telling the requestor to contact the PCCM plan with regards to the prior authorization of the service. "No" means the service is not covered by the PCCM plan. The request will be reviewed.

***MH/SA**

If the client has the Nebraska Medicaid Mental Health/Substance Abuse Coverage (MH/SA) this column applies. The column will either have a "Yes" or a "No". "Yes" means the service is covered by the MH/SA Coverage. The request will be rejected with a AAA, telling the requestor to contact the MH/SA administrator with regards to the prior authorization of the service. "No" means the service is not covered by the MH/SA Coverage. The request will be reviewed.

***Medicare**

If the client has dual eligibility in Medicaid and Medicare this column applies. This column will either have a "Yes" or a "No". "Yes" means the service is covered by Medicare. The request will be rejected with a AAA, telling the requestor to contact Medicare with regards to the prior authorization of the service. "No" means the service is not covered by Medicare. The request will be reviewed.

Appendix C

Nebraska Medicaid Workarounds

Dental Workaround for Tooth Number, Surface and Arches

Use the MSG segment of the Service Level (2000F) Loop. The proposed format would be variable length, accommodating for reporting tooth number, surfaces for that tooth number and arches, if applicable, for up to 12 potential Procedure Codes in the HI segment. However, a fixed length for each procedure will be used to accommodate one tooth number, up to 5 surfaces for that tooth number and 2 arch/quadrant designations. This allows the data to be more easily parsed by translators when reading the MSG segment. The procedure for which the tooth information is being reported will be identified in the MSG segment by the corresponding HI element for which that procedure is located. The following 11 bytes will be allocated for the tooth information for that procedure. If that procedure has less than 5 surfaces and 2 arch/quadrant designations, the remaining bytes are spaced filled. In the event that 12 procedures are reported in the HI and all 12 procedures have tooth information, a total of 180 bytes (this includes the HI## plus the 11 bytes of tooth information) would be used of the MSG segment for this workaround.

When reporting tooth numbers 1 through 9, zero fill the first byte so the field will be 01, 02, etc. When reporting primary dentition (A through M), pad the second byte with a space. This will allow the providers and payers to have a consistent location to identify tooth numbers.

If there is also a text message that needs to be sent, begin the text message with the word text. This will allow the text to be parsed more easily.

EXAMPLES:

1. HI segment contains 12 procedures and all 12 procedures require tooth number information. There is also a text message.

LEGEND – T# = were the tooth number would be represented

S = were tooth surfaces would be reported

A# = arch information

X = space fill

**MSG*HI01T#SSSSSA#XXHI02T#SSXXA#A#HI03T#SSSXXXXXXHI04
(EXAMPLE STARTED, BUT WILL FINISH WHEN ARCH INFO
DETERMINED)**

Procedure Code Modifier Workaround

Use the MSG segment of the Service Level (2000F) Loop. The proposed format would be variable length, accommodating for reporting modifiers for up to 12 potential Procedure Codes in the HI segment. However, a fixed length for each procedure will be used to accommodate up to four modifiers. This allows the data to be more easily parsed by translators when reading the MSG segment. The procedure for which the modifier is being reported will be identified in the MSG segment by the corresponding HI element for which that procedure is located. The following 8 bytes will be allocated for up to four modifiers for that procedure. If that procedure has less than four modifiers the remaining bytes are spaced filled. In the event that 12 procedures are reported in the HI and all 12 procedures have at least one modifier, a total of 144 bytes would be used of the MSG segment for this workaround.

If there is also a text message that needs to be sent, begin the text message with the word text. This will allow the text to be parsed more easily.

EXAMPLES:

1. HI segment contains 12 procedures and all 12 procedures have at least one modifier. There is also a text message. NOTE: XX represent blank fill or spaces.

**MSG*HI01m1m2XXXXHI02m1XXXXXXHI03m1m2m3m4HI04m1XXXXXXHI05
m1m2m3XXHI06m1m2m3m4HI07m1XXXXXXHI08m1m2XXXXHI09m1m2m3m4
HI10m1XXXXXXHI11m1m2m3XXHI12m1XXXXXXtext this is example one.~**

The 278 Response includes only the modifiers approved. In this example, 12 procedures are approved, but modifiers are only approved for procedure in HI01 and HI12 and there is no text message. The response would look as follows:

MSG*HI01m1m2XXXXHI12m1XXXXXX~

2. HI segment contains 5 procedures. Procedures submitted in HI02 and HI05 have modifiers for those procedures. There is also a text message.

MSG*HI02m1m2m3m4HI05m1XXXXXXtext this is example two~

Information Required for NE Medicaid Level of Care Workaround

Loop 2000F – Service Level Loop
UM01 = Request category code - required
UM02 = Certification type - required
UM03 = Service type code - required

= Level of Care code

MSG*NELC##TEXT~~ Services text message (254 chars)~~~~~

Information Required for NE Miscellaneous Procedure Code Description Workaround

Loop 2000F – Service Level Loop

UM01 = Request category code - required

UM02 = Certification type - required

UM03 = Service type code - required

HI01-HI12 Procedure codes

X = Miscellaneous description (left justify, if less than 40 chars blank fill)

MSG*PD01XXTEXT~~ Services text message ~~~~

Information Required for Ordering Provider Workaround

(One Ordering Provider should follow Servicing Provider in 2010E NM1 loop, Ordering Provider should not be first)

Loop 2010E – Service Provider Name Loop (**second NM1, REF and PRV**)

NM101 = IT Physician, Clinic or Group Practice - required

NM102 = 1 Person - required

NM103 = Last Name required

NM104 = First Name optional

NM105 = Middle Name optional

NM107 = Name suffix optional

REF01 = ZH Carrier Assign Reference number - required

REF02 = MMIS State License number required – SSKKXXXXXXXXXX

| | |
| | | State License number

| |
| | Provider Type

|
State postal alphabetical abbreviation

N301 = Address line optional

N302 = Address line optional

N401 = City optional

N402 = State optional

N402 = Zip code optional

PRV01 = **OR** Ordering Provider - required

PRV02 = ZZ required

PRV03 = Taxonomy code required

MSG 2000F Workaround Limits

Workarounds using Service Level loop (2000F) message. Message segment is a max of 264 characters:

X12 Procedure code Modifiers (4), requires 12 chars each

X12 Dental Tooth number, Surface (5) and Arches (2), requires 15 chars each

NE Miscellaneous Procedure code description, requires 44 chars each

NE Level of Care code, requires 6 chars

- HCPCS(BO) Procedure code workaround for Modifier and Misc description

Max of 4 Procedure code items per service level loop (2000F)

Modifiers per procedure code item ($4 * 12 = 48$ chars)

Description per misc procedure code item ($4 * 44 = 176$ chars)

Service level loop (2000F) message limited to 40 characters

Example message:

1	2	3	4	5	6
123456789012345678901234567890123456789012345678901234567890123456					
HI01M1M2M3M4	HI02M1M2M3M4	HI03M1M2M3M4	HI04M1M2M3M4	PD01XXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PD02XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
XXXXPD03XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	PD04XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXX	TEXTXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	

- HCPCS(BO) Procedure code workaround for Modifiers with NO OTHER WORKAROUND

Max of 12 Procedure code items per service level loop (2000F)

Modifiers per procedure code item ($12 * 12 = 144$ chars)

No description per misc procedure code item allowed

Service level loop (2000F) message limited to 120 characters

Example message:

1	2	3	4	5	6
123456789012345678901234567890123456789012345678901234567890123456					
HI01M1M2M3M4	HI02M1M2M3M4	HI03M1M2M3M4	HI04M1M2M3M4	HI05M1M2M3M4	HI06M1
M2M3M4	HI07M1M2M3M4	HI08M1M2M3M4	HI09M1M2M3M4	HI10M1M2M3M4	HI11M1M2M3M4
HI12M1M2M3M4	TEXTXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX

- HCPCS(BO), ICD-9-CM(BQ), ADA(JP) workaround for Misc description with NO OTHER WORKAROUND

Max of 6 Procedure code items per service level loop (2000F)

Description per misc procedure code item ($6 * 44 = 264$ chars)

No Service level loop (2000F) message allowed

Example message:

1	2	3	4	5	6
123456789012345678901234567890123456789012345678901234567890123456					
PD01XXXXXXXXXXXXXXXXXXXX	PD02XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXX	PD03XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
PD04XXXXXXXXXXXXXXXXXXXX	PD05XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXX	PD06XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	

- ADA(JP) Procedure code workaround for Tooth Number and Misc description
 Max of 4 Procedure code items per service level loop (2000F)
 Tooth number per procedure code item (4 * 15 = 60 chars)
 Description per misc procedure code item (4 * 44 = 176 chars)
 Service level loop (2000F) message limited to 28 characters

Example message:

1	2	3	4	5	6
123456789012345678901234567890123456789012345678901234567890123456					
HI01T#SSSSSA1A2	HI02T#SSSSSA1A2	HI03T#SSSSSA1A2	HI04T#SSSSSA1A2	PD01XX	
XX	PD02XX				
XXXXXXXXXXXXXXXXXXXX	PD03XX				
XXXXXXXXXXXXXXXXXXXX	PD04XX				
XX	TEXTXX				

- ADA(JP) Procedure code workaround for Tooth Number with NO OTHER WORKAROUND
 Max of 12 Procedure code items per service level loop (2000F)
 Tooth number per procedure code item (12 * 15 = 180 chars)
 No description per misc procedure code item allowed
 Service level loop (2000F) message limited to 84 characters

Example message:

1	2	3	4	5	6
123456789012345678901234567890123456789012345678901234567890123456					
HI01T#SSSSSA1A2	HI02T#SSSSSA1A2	HI03T#SSSSSA1A2	HI04T#SSSSSA1A2	HI05T#	
SSSSSA1A2	HI06T#SSSSSA1A2	HI07T#SSSSSA1A2	HI08T#SSSSSA1A2	HI09T#SSSSSA	
1A2	HI10T#SSSSSA1A2	HI11T#SSSSSA1A2	HI12T#SSSSSA1A2	TEXTXXXXXXXXXXXXXXXXXXXX	
XX					
XXXXXXXXXXXXXXXXXXXX					

- Nursing Home Level of Care workaround with NO OTHER WORKAROUND
 Max of 1 Level of Care per service level loop (2000F)
 Level of Care code (6 chars)
 Service level loop (2000F) message limited to 258 characters

Example message:

1	2	3	4	5	6
123456789012345678901234567890123456789012345678901234567890123456					
NELC##TEXTXX					
XXXXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXXXX					